


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 10 AM 11:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 02000004797					
1. Corporation Name Who Got Game?					
2. Principal Office Address 6601seamyrisct.		3. Mailing Office Address same 941 SE Forrest Park Dr. Stuart, FL 34994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State stuart,fl		City & State same			
Zip 34997	Country usa	Zip same	Country same	4. Date Incorporated or Qualified To Do Business in Florida aug.2004	
				5. Certificate Number 04-3695465	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Alvin mchardy					
Street Address (P.O. Box Number is Not Acceptable) 6601se amyris ct.					
Suite, Apt. #, Etc.					
City Stuart				State FL	Zip Code 34997
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Alvin McHardy				Date 9/14/06	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
president	Alvin Mchardy	6601 se amyris ct		stuart fl	
				100103288871 05/25/07--01025--002 **122.50	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Alvin McHardy (Alvin McHardy) 9/14/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #