PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 14 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State

DOCUMENT # N03000001906

1. Corporation Name
THE INSTITUTE FOR PLAY, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Address
46 WEST GARZAS ROAD	46 WEST GARZAS ROAD
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
CARMEL VALLEY, CA.	CARMEL VALLEY, CA.
Zip / Country	Zip / Country

4. Date first qualified or authorized to do business in Florida: 03/04/2003

5. FEI Number: 30-0176665 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MATTHEW R. O'KANE

Street Address (P.O. Box Number is Not Acceptable): 450 SOUTH ORANGE AVENUE

Suite, Apt. # Etc.

City: ORLANDO | State: FL | Zip Code: 32801

☒ The reinstatement fee is imposed except in circumstances which the entity did not receive the prior notices. By checking this box you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I being appointed the registered agent of the above stated corporation, have read and accept the obligations of section 607.0505 F.S.

Signature of Registered Agent: Matthew R. O'Kane — Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director of Florida profit corporations, except trust companies and banking corporations

Title	Name of Officer and/or Director	Street Address of Officer and/or Director	City, State, Zip
D	STUART BROWN	46 WEST GARZAS ROAD	CARMEL VALLEY, CA 93924

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10. I certify that I am an officer or director of the corporation 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. and 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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stuart L. Brown — 6-30-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STUART BROWN, DIRECTOR — Date — Daytime Phone #

Effective NOV 11 2007