PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

_	FORATION		RTMENT OF STATE ary of State		FILED	
	STATEMENT	DIVISION OF	F CORPORATIONS		MAR -9 PM 3: 49	
DOCUMENT # NO7000009998 1. Corporation Name Methabridge Edutainment				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	Inc.	٠ J `	· ,		ING CANCELLED TURNED CHECK	
		2 111 201 1		्रक (107)	00171673764 0/1001001013 **122.50	
2. Principa 34	5. 5. MArvinst	Mailing Office Add	dress	17.78 (CR2E081 (11/09)	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			porated or Qualified	
City & State		City & State		To Do Busi	ness in Florida	_
100 Zip	Nficello H	Zip Zip	Country	37-	08/383/ Not Applicab	le
	344 Tefferson	2p	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status	
	7. Name and Address of C	urrent Registered A	gent			
Name Donald Terome Garrett				☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Street Address (P.O. Box Number is Not Acceptable) 3 - 5 - MAFVin 5				the prior notices. By checking this box, you are certifying the prior notices were not		
Suite, Apt. #, Etc.				received and requesting the reinstatement fee be waived.		
Monticello FL 33344						
8. I, being appointed the registered agent of the above named Congration, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent Date 3 9/10 REGISTERED AGENT MUST SIGN						
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	_
	DONALD Terome	GAMEH 3	45 S.MAr	-vibl	monticello, Fl. 3334 monticello, Fl. 3334 monticello Fl. 3334	14
D	michael Bro	100 24	15 5. MAVV	10 5t	monticello, fl.32	3 44
ρ	Dominick Ari	dis 24.	5 S. MARVIA	J 5+	monticello Fl. 3734	14
				10.11	,	
	REINS	STATE	MENT	RUK		_
10. E-mail Address: Cri Forthenations (a) amail. (om						
(To be used for future annual report notification) 11. 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 filling						
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 r 617.0401 F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on the hard accurate, and my signature shall have the same legal effect as if						
made under oath. SIGNATURE: D (perome boroch) 3/9/10						
	SIGNATURE AND TYP	PED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECT	OR	Date Daytime Phone #	