

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 22 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110898

1. Corporation Name

I game Advertising.com, Inc.

2. Principal Office Address

9409 Bay Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 547131

Suite, Apt. #, etc.

City & State

Surfside, FL

Zip

33154

Country

USA

City & State

Surfside, FL

Zip

33154-7131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-01-2000

5. FEI Number

65-1112413

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

DAVID F. Simon

Street Address (P.O. Box Number is Not Acceptable)

12380 SW 82 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

David Simon

REGISTERED AGENT MUST SIGN

Date

7/13/02

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
D	Mr. Lee Cutler	9409 Bay Dr.	Surfside, FL 33154

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****900.00 ****900.00

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 under section 119.07(3)(i), 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:

T. Lee Cutler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

(305) 650-0115

Daytime Phone #

CR2E081 (9/01)