

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



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

FILED

04 FEB 27 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100722**

1. Corporation Name

GAME ENTERPRISES, INC. OF DESOTO
347 S. ORANGE AVE
ARCADIA, FL 34266

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

APPLIED FOR

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

ROOSEVELT S. ISAAC

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

347 S. ORANGE AVE

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34266

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

Roosevelt S. Isaac

Date **2-27-04**

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
Pres.	STEVEN GAME	347 S. ORANGE AVE	ARCADIA, FL 34266

REINSTATEMENT

03/04

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:

Steven Game

Pres.

2-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

292

GAME ENTERPRISES, INC. OF DESOTO
STEVEN GAME, PRESIDENT
347 SOUTH ORANGE AVENUE
ARCADIA, FLORIDA 34266

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, 32314

DEAR SIR:

THIS LETTER IS IN REFERENCE TO OUR CORPORATION WHICH WAS DISOLVED FOR LACK OF RESPONSE. WE DID NOT RECIEVE A FIRST OR SECOND NOTICE OF THE ACTION TAKEN AGAINST OUR CORPORATION IN 2003. WOULD YOU PLEASE WAIVER YOUR DECISION AND REINSTATE OUR ARTICLE OF INCORPORATION AND ISSUE US A NEW CERTIFICATE. WE ARE SENDING THE FEE OF \$ 300.00 FOR THE REINSTATEMENT FEE.

THANK YOU.

SINCERELY,

Steven Game
STEVEN GAME

PRESIDENT

FILED
04 FEB 27 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA