

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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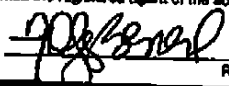
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000147449					
1. Corporation Name Lawn Games, Inc.					
2. Principal Office Address 4951 Gulf Shore Blvd N Suite, Apt. #, etc. PH 202 City & State Naples, Florida Zip 34103			3. Mailing Office Address 595 Madison Avenue Suite, Apt. #, etc. 39th floor City & State New York, NY Zip 10022		
Country USA		Country USA			

REINSTATEMENT 05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12/8/2003	
5. FBI Number 200842040	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ State Department Form 1001 (Rev. 12/01)	

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0005 or 617.0603, F.S.			
Signature of Registered Agent 	Arlene Bernal REGISTERED AGENT Vice President		Date 01/02/07
9. Name and Street Address 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
P	Edwards Schwartz	595 Madison Avenue	New York, NY 10022
S.T	Irving Schwartz	595 Madison Avenue	New York, NY 10022
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 		11/6/06 216293535 Date Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

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Account Number : FCA000000023
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CORPORATION REINSTATEMENT

LAWN GAMES, INC.

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