

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 25 PM 2:40

DOCUMENT # P04000092720

1. Corporation Name
POSTGAME, INC.

2. Principal Office Address - No P.O. Box # 9737 NW 41 ST		3. Mailing Office Address 9737 NW 41 ST	
Suite, Apt. #, etc. SUITE: 350		Suite, Apt. #, etc. SUITE: 350	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33178	Country USA	Zip 33178	Country USA

700133689187
07/29/08--01005--017 **150.00
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida: 06/16/2004

5. FEI Number: **26-3038099**
 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
CREATIVE ASSET PROTECTION STRATEGIES, INC.

Street Address (P.O. Box Number is Not Acceptable)
16191 NW 57TH AVENUE

Suite, Apt. #, Etc.

City: **MIAMI** State: **FL** Zip Code: **33014**

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 named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: **07-21-08**

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
D/P	RICHARD L. OETTING	2025 NW 140 AVENUE	PEMBROKE PINES FL 33028

REINSTATEMENT 05-08

700133689187
07/29/08--01005--017 **500.00

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 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: _____ Date: **07-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #