

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JUL 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000143723

1. Corporation Name

DRAGONS LAIR GAMING, INC.

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1458 NW 97 STREET

3. Mailing Office Address
1458 NW 97 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33147

Country
MIAMI DADE

Zip
33147

Country
MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida 10/18/2004

5. FEI Number
20-1769946

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
SERGIO A. FLEITES

Street Address (P.O. Box Number is Not Acceptable)
1575 SW 87 AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33174

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/18/06

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
PT	WILLIAM JULIA	1458 NW 97 STREET	MIAMI, FL 33147

350107465813
08/07/07--01057--012 **450.00

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:

WILLIAM JULIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.23.07

305-264-1234

Charter Number Only

7/24

Fleitas & Co.

Requestor's Name

1575 SW 87 Ave.

Address

Miami FL

City

State

ZIP

Phone

446.3000

Marisol

CORPORATION(S) NAME

VALIDATION ONLY

DRAGONS LAIR GAMING, INC.

P04000143723

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

() Walk In

() Will Wait

() Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028