FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUS	SINESS REPO	ORT (UI	3R)		FILED	
DOCUMENT # P05000113144 1. Entity Name TRUE PLAY, INC.						07 HAR -8 PM 12: 08 SECRETARY OF STATE FALLAHASSTELFLERIDA	
2. Principal Pi	ace of Business	RITE IN THIS	SS	E		100092349301 03/13/0701018003 **300.00	
Suite, Apt.	rigan Drive *, elc.		2753 Corrigan Drive Suita, Apt #, etc			REINSTATEMENT	
City & State Deltona,	Florida	City & State Deltona, Flo	City & State Deltona, Florida		4.	FEI Number 03-0567877 Applied For Not Applicable	
Zip 32738	Country	Zip 32738	Coun	ry	5.	Certificate of Status Desired	
	WRITE SPACE		7. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor City Miami FL Zip Code 33145				
SIGNATURE _	Signature, 3 - Way 1 Fee is \$550.0 Amended UBR is \$61.25	red agent go un il arçlirable		Utrera, Vico			
	Payable to Florida Depar	tment of State					
10. ITILE NAME STREET ADDRESS CITY-ST ZIP	PSTD Davis, Anthony R. 2753 Corrigan Drive Deltona, Florida 32738	EPS AND DIRECTORS		1			
ITTLE NAME STREET ADDRESS CITY ST-ZIP	VD Hamann, Edward C. 2753 Corrigan Drive Deltona, Florida 32738	3	B '	1			
NAME STREET ADDRESS CHY ST ZIP						DO NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				j		IN THIS SPACE	
THLE NAME STREET ADDRESS CITY ST ZIP				į.			
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NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

Anthony R. Davis, Pres.

NAME STREET ADORESS

CHY-SI-ZIP

SIGNATURE: _

3. Michael HAL O Lord

20/2

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA)
COUNTY OF VOLUSIA)

- 1. Anthony R. Davis is the President of TRUE PLAY, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.
- 3. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 and 2007 Annual Report fees and the filing of its 2006 and 2007 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. TRUE PLAY, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 22 day of Feb., 2007

FURTHER, AFFIANT SAYETH NOT

TRUE PLAY, INC.

SHANNON LeClair
NOTARY PUBLIC - STATE OF FLORID/
COMMISSION # DD246415
EXPIRES 09/02/2007
BONDED THRU 1-888-NOTARY1

SWORN AND SUBSCRIBED

before me this 200 telouan 200

Notary Public State of Florida at Large

Printed Name: Slanna Le Clark
Commission Expires: 9-2-3007