

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000025363**

1. Corporation Name

JR Games, Inc.

2. Principal Office Address - No P.O. Box #

162 Violet Lake Circle

Suite, Apt. #, etc.

City & State

Interlachen

Zip

32148

Country

USA

3. Mailing Office Address

162 Violet Lake Circle

Suite, Apt. #, etc.

City & State

Interlachen

Zip

FL

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Barbara Prevatt

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

2555 Summerfield Lane

Suite, Apt. #, Etc.

City

Baldwin

State

FL

Zip Code

32234

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/2006

5. FEI Number

20-4340513

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

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
P	Barbara Prevatt	2555 Summerfield Lane	Baldwin, Florida 32234
V	Jill Russo	10 Lindsay Drive	Palm Coast, Florida 32137
S	Robert Powers	162 Violet Lake Circle	Interlachen, Florida 32137

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:

*Jill Russo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/08

Date

904-810-2192

Daytime Phone #

FILED

08 AUG 28 AM 11:02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

100135069501  
08/28/08--01036--010 \*\*\$300.00

REINSTATEMENT

07-08

8/29/08