

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000105532

1. Entity Name
METAGAMES, INTERACTIVE ENTERTAINMENT AND
MARKETING SOLUTIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:27

Principal Place of Business
801 BRICKELL KEY BLVD., SUITE 409
MIAMI, FL 33131

Mailing Address
801 BRICKELL KEY BLVD., SUITE 409
MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09242007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

20-5374871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, TEODORO
801 BRICKELL KEY BLVD., SUITE 409
MIAMI, FL 33131

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

TEODORO PEREZ

SIGNATURE

Teodoro Perez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

SEP/22/2007

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
PEREZ, TEODORO
801 BRICKELL KEY BLVD., SUITE 409
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800109933449
03/26/07-01011-019 **158.75

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 oath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teodoro Perez

TEODORO PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP/22/2007

Date

Daytime Phone #

REINSTATEMENT 01