

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000075184

1. Corporation Name

GAME JUICE INC.

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

7909 SW 104 ST.

Suite, Apt. #, etc.

SUITE 213

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

PO BOX 565111

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33256

Country

USA

7. Name and Address of Current Registered Agent

Name

MATTHEW ROSENBERG

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

7909 SW 104 ST.

Suite, Apt. #, Etc.

SUITE 213

City

MIAMI

State

FL

Zip Code

33156

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

*Matthew Rosenberg*

REGISTERED AGENT MUST SIGN

Date 11/13/2009

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	MATTHEW ROSENBERG	7909 SW 104 ST. SUITE 213	MIAMI, FL 33156
D	RICHARD WILSON	1859 UNIVERSITY DRIVE	CORAL SPRINGS, FL 33071
D	ROBERT WILSON	1859 UNIVERSITY DRIVE	CORAL SPRINGS, FL 33071

10. E-mail Address: MROSENBERG@GAMEJUICE.COM

(To be used for future annual report notification)

11. 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. I further certify, 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: *Matthew Rosenberg* MATTHEW ROSENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2009 7865256969

Date

Daytime Phone #

FILED

09 NOV 17 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100162884651  
11/17/09--01032--007 \*\*300.00

REINSTATEMENT

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2007

5. FEI Number

260445823

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.