

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 27 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000001218

1. Corporation Name

O-ZONE GAMES INC.

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

999 Vanderbilt Beach Rd

3. Mailing Office Address

999 Vanderbilt Beach Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2008

5. FEI Number

26-1671543

☐ 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

Lorna J Scharlacken Esq

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

5311 Pelican Bay Blvd.

Suite, Apt. #, Etc.

600

City

Naples

State

FL

Zip Code

34108

REINSTATEMENT

10-12

000226398270

03/27/12--01031--001 **1058.75

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 **3/23/2012**

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,D | OESTERREICHER, RICHARD T | 999 Vanderbilt Beach Rd, #200 | Naples, FL 34108 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **ro@potentialdynamics.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2012

Date

239-325-1819

Daytime Phone #



Harter Secrest & Emery LLP

ATTORNEYS AND COUNSELORS

WWW.HSELAW.COM

March 26, 2012

VIA FEDEX-OVERNIGHT MAIL
TRACKING NO. 7933 7841 3757

FL Department of State
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Corporation Reinstatement
O-Zone Games Inc.
Document # P08000001218

Dear Sir or Madam:

Please find enclosed the Corporation Reinstatement form filed on behalf of O-Zone Games Inc., Document # P08000001218. Also enclosed is check #1188 payable to the Department of State in the amount of \$1,058.75, which represents payment of the reinstatement fee and certificate of status fee.

Please mail the certificate of status to my attention at the address below:

Lorna J. Scharlacken, Esq.
c/o Harter Secrest & Emery LLP
5811 Pelican Bay Blvd., Suite 600
Naples, FL 34108-2711

In lieu of mailing, you may email the certificate of status to me at Lscharlacken@hselaw.com instead.

Should you have any questions, please don't hesitate to call me at (239) 598-4444. Thank you.

Very truly yours,

Harter Secrest & Emery LLP



Lorna J. Scharlacken
DIRECT DIAL: 239.598.5818
E-MAIL: LSCHARLACKEN@HSELAW.COM

LJS/mlm
Enclosures