PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	'			ALL HOT	.001101	10 DEI OIX		SIMIFEETING THIS I OITIM.	
	RPORATI STATEM			Se	DEPARTMI ecretary of on of corp		TE.	FILED 05 JUN -8 PM 1:54	
DOCUMENT # P960000817) 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
GAME WORLD, INC.									
2. Principa	I Office Addre	ss.		3. Mailing Off	3. Mailing Office Address				
1512 KELBY RD				_	1512 KELBY RD			REMSTATEMENT 03-05	-
Suite, Apt. #, etc.				Suite, Apt. #, etc.					-
				0000			4	4. Date Incorporated or Qualified To Do Business In Florida 01/2.2/199.6	
City & State KISSIMMEE FL				City & State	MEE F	L.	5	5. FEI Number Applied For Not Applicable	
Zip 34'	744	Country	EOLA	Zip 34744	I .	ountry SCEOLA	6	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
				7. Na	me and Addre	ess of Current Re	gistered /	d Agent	
	Name MATTHEW LAW								
	Street Address (P.O. Box Number is Not Acceptable)							800055913938	
!	1612 KEUSY RD. Suite, Apt. #, Etc.							06/08/0501065007 **450.0	
	City K	15511	MME					State Zip Code FL 34744	•
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl Signature of Registered Agent REGISTERED AGENT MUST SIGN							the obliga	Igations of section 607.0505 or 617.0503, F.S. Date	CR2E081 (01/05)
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	
DP	AM	THE	WILA	W	1512	KELBY	RD) KISSIMMEE FL.34744	
DV	RAn	107	B LAN	ı	1512	KELBY	RD	KISSIMMEE FL. 34744	
							•		
					•	VR V	h		
						The Co			
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 under section 119.07(3)(i), 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: 407-870-5887									
		GNATURE	AND TYPED OR P	RINTED NAME OF SI	GNING OFFICE	R OR DIRECTOR		Date Daytime Phone #	

06/06/05

To: Division of corporation. PO Box 6327 Tallahassee Fl 32314

From: Game World, Inc Was 1228 S John Young Parkway Kissimmee Fl. 34741

Now 1512 Kelby Rd Kissimmee Fl. 34744

Dear Division of corporation,

I recently applied to get a Occupational license to expand my business and discovered that the corporation had gone into dissolution. And is now in inactive status. My accountant had taken care of all my dues and fees for all money related items. In may of 2003 we were burglarized for over seven thousand dollars worth of inventory and this may have resulted in the loss of paper work as well as we had just moved locations that spring. I was not aware that the cooperation was going into a inactive status and would have taken care of this sooner. In August of 2004 we lost the roof to our store to hurricane Charlie and have been closed as of that date. We are now ready to open again after almost a year of being closed. After speaking to an agent on the phone he recommended that I send in the reinstatement form with a check for \$450.00 and ask that if it were possible to have the late fees waved. This would help us tremendously to get back on our feet.

Thanks you for your time, Matthew J Law DBA Game World, Inc. Store 407-870-5887 Cell 407-729-0279