

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPEAL FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078712

1. Corporation Name

GAME CAVE, INC.

Principal Place of Business

24430 Marsh Landing Pkwy
Ponte Vedra Beach, FL 32082

Mailing Address

24430 Marsh Landing Pkwy
Ponte Vedra Beach, FL 32082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1996

5. FEI Number

59-3402819

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	DANIEL KRISTOFF, JR.	24430 Marsh Landing Pkwy	Ponte Vedra Beach, FL 32082
DVPS	ROSEMARY M. KRISTOFF	24430 Marsh Landing Pkwy	Ponte Vedra Beach, FL 32082
DVP	DANIEL KRISTOFF, III	24430 Marsh Landing Pkwy	Ponte Vedra Beach, FL 32082

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***150.00 ***150.00

LS

8. Name and Address of Current Registered Agent

DANIEL KRISTOFF, JR.
24430 Marsh Landing Pkwy
Ponte Vedra Beach, FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/14/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/00

CR2E040 (12/96)



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August 16, 2000

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P96000078712 – Game Cave, Inc.

Dear Sir/Madam,

Please see the attached Application for Reinstatement for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed application with the additional payment of \$150.00 for 1999 and 2000. We have been advised that you have a credit of \$150.00 from April, 1999.

Mr. Kristoff, President of the above Corporation, did not receive his first report for the 1999 registration period. He brought this to our attention and attempts were made late in the year to get the late fees waived. Upon calling your department, we were advised to forward the reinstatement application with the additional payment of the \$150.00. He has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter.. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Check #3267
Application For Reinstatement