PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





DOCUMENT # p96000078712

1. Corporation Name

GAME CAVE, INC.

FILED

00 AUG 18 PH 1:58

SEGRETARY OF STATE TALLAHASSEE. FLORIDA

| | • | | | | | |
|--|----------------------------------|----------------------------|--|-------------------|---|--|
| Principal Place of Busin | ess | Mailing Address | |] | | |
| 24430 Marsh | Landing Pkwy | 24430 M | arsh Landing Pkwy | √i - | | |
| Ponte Vedra | Beach, FL 32082 | | edra Beach, FL 32 | • 1 | | |
| If above addresses are | e incorrect in any way, line thr | ough incorrect information | on and enter correction below. | 10/22/ | 99 90004/ | 022 \$18 |
| 2. New Principal Office | Address, If Applicable | New Mailing Offic | e Address, If Applicable | | orated or Qualified sess in Florida 09/23/1 | 1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | <u></u> | Applied For |
| City & State | | City & State | | — -59÷3 | Not Applicat | |
| Zip | Country | Zip | Country | 6. CERTIFICATE | OF STATUS DESIRED 🔲 🧊 fo | 5 Additional Fee required a Certificate of State |
| 7. Names and Street A | ddresses of Each Officer and | or Director (Florida nor | profit corporations must list at le | ast 3 directors) | | |
| Name of Officers Title(s) and/or Directors | | | Street Address of Each Officer and/or Directo | h r | City / Star | te / Zip |

| City & State | | Only a State | | | INOT Applicable | | | | |
|---|-------------------------|----------------------------|---|---------------------|-----------------|--|---|--|--|
| Zip | | Country | Zip | | Country | 6. CERTIFICATI | S8.75 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) | Name of Officers | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | | City / State / Zip | | | |
| DPT | DANIEL | KRISTOFF, JR. | | 24430 | Marsh Landing 1 | Pkwy | Ponte Vedra Beach, FL 32082 | | |
| DVPS | ROSEMA | RY M. KRISTOFF | | 24430 |) Marsh Landing | Pkwy | Ponte Vedra Beach, FL 32082 | | |
| DVP | VP DANIEL KRISTOFF, III | | 24430 Marsh Landing Pkwy | | Pkwy | Ponte Vedra Beach, FL 32082 | | | |
| | , | | | | | 6 | 000033838669. -09/06/0001083013 ****150.00 ****150.00 | | |
| | e Nam | o and Address of Current l | Dagistared Age | not . | | 9 Name and | Address of New Registered Agent | | |
| Name and Address of Current Registered Agent | | | | | Name | | | | |
| DANIEL KRISTOFF, JR. 24430 Marsh Landing Pkwy | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| Ponte Vedra Beach, FL 32082 | | | Suite, Apt. #, Etc. | | | | | | |
| | | | | City State Zip Code | | | | | |
| 10. I, being appointed the Tegistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date | | | | | | | | | |
| 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.) | | | | | | | | | |

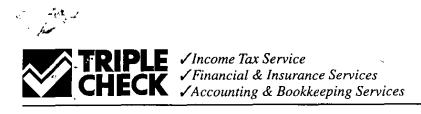
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Daytime Phone #



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

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