

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CYBERGAMES, INC.

896000103111

REINSTATEMENT 03-04

2. Principal Office Address

P.O. BOX 248

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 248

Suite, Apt. #, etc.

200038283302

06/25/04--01049--010 **900.00

City & State

SAN JUAN CAPISTRANO, CA

City & State

SAN JUAN CAPISTRANO, CA

Zip

92693

Country

CA/USA

Zip

92693

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

5. FEI Number

59-3421936

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

ARD, SHIRLEY - HARTMAN, P.A.

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

207 WEST PARK AVENUE

Suite, Apt. #, Etc.

SUITE B

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Shirley Hartman

Date

6/23/04

REGISTERED AGENT MUST SIGN

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
D,T,S	BRAD NOVAK	P.O. BOX 248	SAN JUAN CAPISTRANO, CA 92693

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:

Brad Novak BRAD NOVAK

6/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)