PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:14

DOCUMENT # P97000003419

1. Corporation Name
Games & Things West Palm Beach Inc.

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
6438-C Dawson Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norcross GA	City & State
Zip: 30093 Country: USA	Zip: 30093 Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/07/97 SP

5. FEI Number: 65-0732003 ☐ 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: Robert Baxter

Street Address (P.O. Box Number is Not Acceptable): ~~6438-C Dawson Blvd~~ 3600 Mystic Pointe Dr.

Suite, Apt. #, etc.: #504

City: Aventura State: FL Zip Code: 33180

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: R Baxter Date: 7-17-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pres	Robert Baxter	3600 Mystic Pointe Dr.	Aventura FL 33180
Vice	Lisa Mellon	10420 Kingston Pike	Knoxville TN 37922
Sec	Kay Cumming	300 Carter Rd	Knoxville TN 37917
			700004527577--6
			-08/09/01--01074--017
			***1200.00 ***1200.00

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: R Baxter 7-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #