

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 AM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **099000083508**

1. Corporation Name

**GAME DAY OF Tanya, Inc.**

2. Principal Office Address

**308 S. FREMONT**

Suite, Apt. #, etc.

**B**

City & State

**TPA, FL.**

Zip

**33606**

Country

**MISSISSIPPI**

3. Mailing Office Address

**N/A**

Suite, Apt. #, etc.

City & State

Zip

Country

**000021154750**

06/26/03--01024--002 \*\*\$600.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**1999**

5. FEI Number

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

**Tommy Ontie**

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

**308 S. FREMONT AVE.**

Suite, Apt. #, Etc.

**B**

City

**TPA**

State

**FL**

Zip Code

**33606**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**6/23/03**

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
<b>D</b>	<b>Thomas Ontie</b>	<b>308 S. FREMONT 'B'</b>	<b>TPA, FL 33606</b>

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:

*[Signature]*

**Thomas Ontie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/23/03**

Date

**83-714-8085**

Daytime Phone #

**7/6/26**

CR200811002

GAME DAY OF TAMPA, INC.

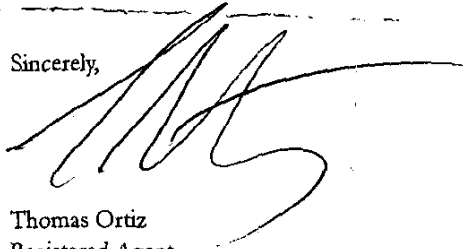
June 23, 2003

RE: P9000083508

Dear Sir or Madam:

I recently was advised that Game Day of Tampa, Inc.'s, and corporate status was inactive. After further investigation we realized that we have not been in receipt of the annual reports. I am requesting you re-instate the above titled company for this reason. Please find enclosed a check in the amount of \$600.00 for each year owed since 2000. If you have any questions or need any more information please call me at 813-714-8085. Thank you for your understanding concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Thomas Ortiz', written over a horizontal line.

Thomas Ortiz  
Registered Agent