


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.**

2. Principal Office Address  
**P.O. BOX 248**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. BOX 248**  
Suite, Apt. #, etc.

City & State  
**SAN JUAN CAPISTRANO, CA**

City & State  
**SAN JUAN CAPISTRANO, CA**

Zip  
**92693** Country  
**CA/USA**

Zip  
**92693** Country  
**USA**

**REINSTATEMENT 03-04**

**200038283302**  
06/25/04--01049--010 \*\*900.00

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 *[Signature]* 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
<b>D,T,S</b>	<b>BRAD NOVAK</b>	<b>P.O. BOX 248</b>	<b>SAN JUAN CAPISTRANO, CA 92693</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)(f), 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** Date **6/23/04** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)