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FOREIGN PROFIT QUALIFICATION

Gala Entertainment of KC, Inc.

F99-5679

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STATE OF MISSOURI



Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA MCDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, DO HEREBY CERTIFY THAT THE RECORDS IN MY OFFICE AND IN MY CARE AND CUSTODY REVEAL THAT
GALA ENTERTAINMENT OF KC, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 8TH DAY OF JUNE, 1999, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 30TH DAY OF SEPTEMBER, 1999.

Rebecca McDowell Cook
Secretary of State



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Gala Entertainment of KC, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Missouri (State or country under the law of which it is incorporated) 3. Not Applicable (FEI number, if applicable)

4. 06/08/99 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2860 Raytown Drive Kansas City, MO 64128 (Current mailing address)

8. All Legal Purposes (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Jeffrey M. Stoller

Office Address: 1717 North Bayshore Drive #321

Miami, Florida, 33132 (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature of Jeffrey M. Stoller] (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: **Jeffrey M. Stoller**

Address: **1717 North Bayshore Drive #321, Miami, FL 33132**

Vice Chairman: **Jerry Bailey**

Address: **11328 North Summit Street, Kansas City, MO 64155**

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: **Jeffrey M. Stoller**

Address: **1717 North Bayshore Drive #321, Miami, FL 33132**

Vice President: **Jerry Bailey**

Address: **11328 North Summit Street, Kansas City, MO 64155**

Secretary: **Jeffrey M. Stoller**

Address: **1717 North Bayshore Drive #321, Miami, FL 33132**

Treasurer: **Jeffrey M. Stoller**

Address: **1717 North Bayshore Drive #321, Miami, FL 33132**

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Jeffrey M. Stoller**
(Typed or printed name and capacity of person signing application)

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