PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 FEB 22 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

AMERICAN GAMING AND ELECTRONICS INC.

CHARTER #F9900006728

7000673787I7
03/08/06--01008--017 **1050.00

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
8585 WEST 80TH	9500 W. 55TH
Suite, Apt. #, etc. UNIT #6	Suite, Apt. #, etc. SUITE A
City & State HIALEAH, FL.	City & State McCOOK, IL.
Zip 33016	Country U.S.A.	Zip 60525	Country U.SA

4. Date Incorporated or Qualified To Do Business in Florida 12-8-99

5. FEI Number 36-4330751
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 CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET

Suite, Apt. #, Etc.

| 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 _____ REGISTERED AGENT MUST SIGN   **Jeanine Reynolds as its agent**   Date 2-21-06

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
CEO	ANTHONY SPIER	9500 WEST 55TH SUITE A	McCOOK IL 60525
CFO	JAMES BRACE	9500 WEST 55TH SUITE A	McCOOK IL 60525

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 contained in Chapter 119, 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: James F Brace   02/14/06   708-290-2120

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

K. Eckel FEB 2 2 2006