

L00000007394

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LIMITED LIABILITY REINSTATEMENT

ALPHA FLORIDA ENTERTAINMENT, L.L.C.

Certificate of Status	1
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L00000007394

**1. Limited Liability Company's Name**

ALPHA FLORIDA ENTERTAINMENT, L.L.C.

CR2E041 (8/05)

<b>2. Principal Office Address</b> 701 N. Green Valley Parkway Suite, Apt. #, etc. Suite 200, c/o Empire Resorts City & State Henderson, NV Zip 89074		<b>3. Mailing Office Address</b> 701 N. Green Valley Parkway Suite, Apt. #, etc. Suite 200, c/o Empire Resorts City & State Henderson, NV Zip 89074	
<b>Country</b> USA	<b>Country</b> USA	<b>Country</b> USA	<b>Country</b> USA

<b>4. State/Country of Formation</b> FLORIDA
<b>5. Date Organized or Qualified To Do Business in Florida</b> 6/23/2000
<b>6. FEI Number</b> 06158940
<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DEEBED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
CORPORATION SERVICE COMPANY

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

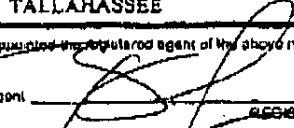
Suite, Apt. #, Etc.

City  
TALLAHASSEE

State  
FL

Zip Code  
32301-2525

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 508, F.S.**

Signature of Registered Agent  **Brian Courtney**  
Agent, V. Pres.

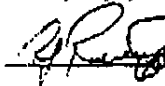
Date 3/17/2008

**10. Name and Street Address of Managing Members/Managers**

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ronald J. Radcliffe	701 N. Green Valley Parkway, Suite 200	Henderson, NV 89074

**REINSTATEMENT 2006-08**

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 508, F.S., and that filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company's name satisfies the requirements of section 508.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 3/17/2008 Daytime Phone # (702) 990-3355

Typed or printed name of signing Managing Member/Manager Ronald J. Radcliffe, Manager