

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743977

1. Corporation Name

NO CASINOS, INC.

Principal Place of Business

259 SECOND AVE 1516 Hillcrest Street
SUITE 200 Suite 310
ORLANDO FL 32802 Orlando, FL 32803
US

Mailing Address

P O BOX 1563
ORLANDO FL 32802

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1516 Hillcrest Street

Suite, Apt. #, etc.
Suite 310

City & State
Orlando, Florida

Zip
32803

Country
United States

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1978

5. FEI Number

59-2655199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HOOD, GLENDA E	400 S ORANGE AVE	ORLANDO FL
CD	HINES, ANDREW H JR	150 2ND AVE	ST PETERSBURG FL
VD	GRANT, JOHN SR	610 WEST WATERS AVE. SUITE A	TAMPA FL
T	CAMPBELL, GORDON W	425-22 AVE. N.	ST PETERSBURG FL 33704

REINSTATEMENT

8. Name and Address of Current Registered Agent

DEW, JOHN C.
150 SECOND AVE., N. #1500
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name
John G. Sawinski
Street Address (P.O. Box Number is Not Acceptable)
1516 Hillcrest Street
Suite, Apt. #, Etc.
Suite 310
City
Orlando
500002093185-8
-02/20/97-01052-008
***297.50
FL 32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John G. Sawinski

REGISTERED AGENT MUST SIGN

Date

2/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda E. Hood

Date

2/6/97

Daytime Phone #

(407) 420-9960

CR2040 (7/96)