

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005988

1. Corporation Name

STARDANCER CASINO, INC.

Principal Place of Business

401 CENTRE STREET, SECOND FLOOR  
FERNANDINA BEACH FL 32034

Mailing Address

1180 HWY. 17  
LITTLE RIVER SC 29566

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2000

5. FEI Number

56-2119285

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	GRAY, SAMUEL A	401 CENTRE STREET, SECOND FLOOR	FERNANDINA BEACH FL 32034
S	GRAY, MARILYN	401 CENTRE STREET, SECOND FLOOR	FERNANDINA BEACH FL 32034

800008725908  
10/31/02--01051--010 \*\*150.00

8. Name and Address of Current Registered Agent

RAUER, LANNY M ESQ.  
401 CENTRE STREET, SECOND FLOOR  
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

JACOBS, ARTHUR T

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

401 CENTRE ST.

Suite, Apt. #, Etc.

2/F

City

FERNANDINA BEACH

State

FL

Zip Code

32034

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

CR2E040 (8/02)

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: STARDANCER CASINO, INC.

Document Number: F00000005988



Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
4th day of October, 2002.

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith  
Secretary of State

October 25, 2002



October 25, 2002

Florida Department of Revenue  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Reg: 2002 Uniform Business Report *56-2119281*


To Whom It May Concern;

We are in receipt of your letter regarding failure to fill our 2002 Uniform Business Forms for our Florida Corporations.

We have received forms stating that our Corporation has been dissolved due to the fact that we have not filled a report for 2002. We were unaware of these forms and have not received any notices or forms before now. It is possible that our former Controller received these forms and failed to fill them before she resigned this year. We are anxious to correct this problem and we are returning the 2002 Annual forms. We are asking that you abate this penalty, as we have filled in a timely manner in previous years and were unaware of the yearly filling.

Thanking you in advance for your attention in this matter .

Sincerely,

  
Gerry Umali, Controller