PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 JAN -7 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F14000000195

1. Corporation Name
REVEL SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
170 Columbus Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
4th Floor	
City & State	City & State
San Francisco, CA	
Zip / Country	Zip / Country
94133	

4. Date Incorporated or Qualified To Do Business In Florida
01/14/2014

5. FEI Number
27-3370962
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City / State / Zip Code
Plantation / FL / 33324

REINSTATEMENT
2015 - 2016

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: Danijela Byers-Asst. Secretary Date: 1/6/2016
REGISTERED AGENT MUST SIGN

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	Lisa Falzone	170 Columbus Ave, 4th Floor	San Francisco, CA 94133
CTO	Christopher Ciabarra	170 Columbus Ave, 4th Floor	San Francisco, CA 94133
DIR	Lisa Falzone	170 Columbus Ave, 4th Floor	San Francisco, CA 94133
DIR	Christopher Ciabarra	170 Columbus Ave, 4th Floor	San Francisco, CA 94133

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Danny Verdecchia-Secretary 1/6/2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer Online

JAN -7 2015
M WILLIAMS

Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT
REVEL SYSTEMS, INC.

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