

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN 30 PM 12:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000001997

1. Corporation Name

GOLDEN NUGGET MARKETING CORP.

Principal Place of Business

3600 LAS VEGAS BLVD SOUTH
 LAS VEGAS NV 89109

Mailing Address

3600 LAS VEGAS BLVD SOUTH
 LAS VEGAS NV 89109



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-2289642

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	BALDWIN, ROBERT H	3600 LAS VEGAS BLVD S SOUTH	LAS VEGAS NV 89109
ST SD	LANGSNER, SCOTT JACOBS, GARY N.	3600 LAS VEGAS BLVD SOUTH	LAS VEGAS NV 89109
D	LANNI, J TERRENCE	3600 LAS VEGAS BLVD SOUTH SOUTH	LAS VEGAS NV 89109
B T	YEMENIDJIAN, ALEX MURREN, JAMES	3600 LAS VEGAS BLVD SOUTH	LAS VEGAS NV 89109
AS	WRIGHT, BRYAN	3600 LAS VEGAS BLVD SOUTH	LAS VEGAS, NV 89109

200012237572
 02/11/03--01003--018 **900.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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: *David I. Farber*
 DAVID I. FARBER
 ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date: 01/29/2003

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)(f), 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: *Bryan Wright*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Bryan Wright
 Assistant Secretary
 Date: 01/23/03 (702)693-8810
 Daytime Phone #

CR2E040 (8/02)