

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

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

04/07/1998

5. FEI Number

74-2289642

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 3	City / State / Zip 4
PD	BALDWIN, ROBERT H	3600 LAS VEGAS BLVD S SOUTH	LAS VEGAS NV 89109
ST SD	LANSNER, 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
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)(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
Bryan Wright
Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/03 (702)693-8810

Date

Daytime Phone #

CR20040 (802)