

F98000005833

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Isle of Capri Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

000002537800--1
-05/27/98--01114--002
*****70.00 *****70.00

Jenese Caronia
(Name of Person) W98-12126

Phelps Dunbar
(Firm/Company)

400 Poydras Street, 30th Floor
(Address)

New Orleans, LA 70130
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jenese Caronia at (504) 566-1311 Ext. 448
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 29 AM 9:45

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 28, 1998

JENESE CARONIA
PHELPS DUNBAR
400 POYDRAS STREET, 30TH FL
NEW ORLEANS, LA 70130

SUBJECT: ISLE OF CAPRI CORPORATION
Ref. Number: W98000012126

We have received your document for ISLE OF CAPRI CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 198A00029869

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98 OCT 20 AM 9:45

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Isle of Capri Corporation
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-0894686
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 31, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 711 Washington Loop, Biloxi, MS 39530

(Current mailing address)

8. Any lawful activity for which corporations may be formed
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)


Name: Allan B. Solomon

Office Address: 2200 Corporate Blvd., NW, Suite 310

Boca Raton, Florida, 33431
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Director: Bernard Goldstein

Address: c/o Valley Corporation, 2117 State Street, Suite 300
Bettendorf, IA 52722

Director: John M. Gallaway

Address: 711 Washington Loop
Biloxi, MS 39530

Director: Allan B. Solomon

Address: 2200 Corporate Blvd., NW, Suite 310
Boca Raton, FL 33431

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: John M. Gallaway

Address: 711 Washington Loop
Biloxi, MS 39530

Executive-
Vice President: Allan B. Solomon

Address: 2200 Corporate Blvd., NW, Suite 310
Boca Raton, FL 33431

Secretary: Allan B. Solomon

Address: 2200 Corporate Blvd., NW, Suite 310
Boca Raton, FL 33431

V-P & Chief Financial Officer: Rexford A. Yeisley Sr. V-P of Operations: Tim Hinkley

Address: 711 Washington Loop 711 Washington Loop
Biloxi, MS 39530 Biloxi, MS 39530

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. R. A. Yeisley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rexford A. Yeisley, Chief Financial Officer and Vice President
(Typed or printed name and capacity of person signing application)

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State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on March 31, 1998 the state of Mississippi issued a Charter/Certificate of Authority to:

ISLE OF CAPRI CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand
and seal of office
October 14, 1998

Eric Clark

ERIC CLARK,
Secretary of State