2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# L00000015232

Entity Name: FULL HOUSE, LLC

Current Principal Place of Business:

1139 LUCAS STREET
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

1139 LUCAS STREET
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3688051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, GEORGE S
1139 LUCAS ST.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: WALLACE, GEORGE
Address: 1139 LUCAS STREET
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete
Name: WALLACE, CYNTHIA
Address: 1139 LUCAS STREET
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALLACE, GEORGE
Address: 1139 LUCAS STREET
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM (X) Change ( ) Addition
Name: WALLACE, CYNTHIA
Address: 1139 LUCAS STREET
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CYNTHIA L. WALLACE MGRM 10/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date