PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE y of State orporations		2008 OCT 15 P 12: 2 SECRETARY OF STAT TALLAHASSEE. FLORIG		
DOCUMENT # 6 -01000005945				YS.	مسيدين مسيدين	
1. Limited Liability Company's Name				SE(27   SE(27)		
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				STA STA S.E.		
Second Chance Jai Alai, LLC  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				72: 21: 22: 21: 22: 21: 22: 22: 22: 22: 2	_	
2. Principal Office Address - No P.O. Box #	No P.O. Box # 3. Mailing Office Address			CR2E041 (10/08)		
4601 N.N. HNY 318		PO BOX 580 Da		ry of Formation /		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			orida JUSA		
			5. Cate Organized or Quantiled To Do Business in Florida 4-17-2001			
City & State City & State						
Reddick Orang		Ke	Se FEI Number Applied For Not Applicable			
Zip Country	1 40	) Country .	7.		Not Applicable	
32686 USA	32681	USA			Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name C_ / //			A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be walved.			
Fred Harney						
Street Address (P.O. Box Number is Not Acceptable)  5858 NW 80th Ave Road						
Suite, Apt. #, Etc.						
Ocale State State 34482						
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent MUST SIGN				Date 10-10-08		
10. Names and Street Addresses of Managing Members/Managers						
Name of		Street Address of Each				
Managing Members/Mana		Managing Member/Manager		City / State /		
MGR Joseph Coffe	y 200	200 Riverside Bld. #41A		NYNY	0069	
MGR Steve Grav		125 NE 1st Ave Suite /		Decla FI	344717-6674	
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DEINICHATEMENT	2004		10/1	B70801047004 B70801047004	**∠38.(3	
REINSTATEMENT 2008						
11. Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when						
11. I certify that I am managing management has receiver or trusted empowered to execute his application as provided for it chapter dus, F.S. I utilize Certify that when filling this rebistatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,408, F.S., and that at fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under oath.						
Managing Manhard Manhad						
Typed or printed name of signing Menaging Member Manager						
Types of Printed Health Ot Billianth Managarity Matthewsterschol						