

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000014262
FLORIDA DEPARTMENT OF STATE
John Smith, Secretary of State
DIVISION OF CORPORATIONS
FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14262

1. DOCUMENT # L01000014262

02 DEC -6 PM 4:09

Name and Mailing Address

0000921 01 FP 0.352 **PRSR T3 0 0615 32819-492303
ORLANDO COIN MACHINES, LLC
6203 DONEGAL DRIVE
ORLANDO FL 32819-4923

REINSTATEMENT 2002



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

08/20/2001

Principal Place of Business

6203 DONEGAL DRIVE
ORLANDO FL 32819

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

No Employees.

Applied For

X Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

DEE, RICHARD H
6203 DONEGAL DRIVE
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

Richard H. Dee

Date 10-28-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	SAME AS ABOVE.	6203 DONEGAL DRIVE	900008901129
MGRM	DEE, RICHARD H	ORLANDO FL 32819	11/12/02--01013--001 **150.00

REINSTATEMENT 2002

12. I 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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all 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 effect as if made under oath.

Signature of Managing Member/Manager

Richard H. Dee

Date 10-28-02

Daytime Phone # 407-493-9055

Typed or printed name of signing Managing Member/Manager

Richard H. DEE