

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LS2000026831

1. Limited Liability Company's Name

Roll'n Dice Entertainment, LLC

2. Principal Office Address

2666 First St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 61527

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33901

Country

USA

City & State

Ft. Myers, FL

Zip

339064527

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

September 12, 2002

6. FEI Number

30-0112429

Applied For

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

Name

Nathan J. Adler, P.A.

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

8695 College Hwy. Suite 112

Suite, Apt. #, Etc.

Suite 112

City

Ft. Myers,

State

FL

Zip Code

33919

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

[Signature]

Date 3-30-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	<u>Tremayne D. Pierce,</u> <u>MG-RM</u>	<u>2666 First St.</u>	<u>Ft. Myers, FL 33901</u>

11. 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

[Signature]

Date

3/30/04

Daytime Phone

(239) 464-4243

Typed or printed name of signing Managing Member/Manager

Tremayne D. Pierce

CR2004 (10/02)