

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000067553

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/14/08--01003--029 **416.25
CR2641 (8/05)

DOCUMENT #

1. Limited Liability Company's Name

New Casino Princess, LLC
06

2. Principal Office Address

17131 SW 153 PL

Suite, Apt. #, etc.

City & State

Miami

Zip

33187

Country

USA.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/11/2005

6. FEI Number

☒ 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

Enrique Angulo

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

17131 SW 153 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

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

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 |
|--------|--------------------------------------|---|--------------------|
| mgr | Enrique Angulo | 17131 SW 153 PL | Miami, FL 33187 |
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REINSTATEMENT 2006-2008

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

10/20/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager