

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000073938		
1. Entity Name CAROLINA AMUSEMENTS, LLC		

Principal Place of Business 1750A W. 45TH STREET PLAZA WEST PALM BEACH, FL 33407	Mailing Address 1750A W. 45TH STREET PLAZA WEST PALM BEACH, FL 33407
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2. Principal Place of Business - No P.O. Box # 6169 JOG RD Suite, Apt. #, etc. SUITE A-2 City & State LAKE WORTH, FL Zip 33467	Country USA	3. Mailing Address P O BOX 1626 Suite, Apt. #, etc. City & State SUMTER, SC Zip 29151	Country USA
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6. Name and Address of Current Registered Agent WOLF, MICHAEL H ESQ. 3832 N. UNIVERSITY DRIVE SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, WILLIAM E JR. 1523 DEVONSHIRE DRIVE COLUMBIA, SC 29204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110895212 10/11/07--01038--003 **\$55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNN, RHETT 43 PAISLEY PARK SUMTER, SC 29150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 10/08/07 (803) 469-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #