2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
09 APR -9 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000021710

1. Entity Name
LOTTERY DYNAMICS (FLORIDA) LLC

Principal Place of Business	Mailing Address
5215 NORTH O'CONNOR BLVD., SUITE 200 IRVING, TX 75039	5215 NORTH O'CONNOR BLVD., SUITE 200 IRVING, TX 75039

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04092009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11551 Forest Central Drive	11551 Forest Central Drive
Suite, Apt. #, etc. Suite 118	Suite, Apt. #, etc. Suite 118
City & State Dallas TX	City & State Dallas TX
Zip 75243 Country USA	Zip 75243 Country USA

4. FEI Number 20-4414006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Rose Marie Cole Rose Marie Cole, Asst. Sec. 4/9/2009
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50 BK Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOTTERY DYNAMICS LLC 5215 NORTH O'CONNOR BLVD., SUITE 200 IRVING, TX 75039 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Manager Edward L. Batoff 11551 Forest Central Drive, Suite 118 Dallas, TX 75243 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500149355845 04/10/09--01002--010 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2008-2009

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: James E. Kirby 4/9/2009 214.736.9387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #