


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000045333						<b>FILED</b> 08 JAN 16 PM 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MNG AMUSEMENTS, LLC				Principal Place of Business 770 SAND PINE DRIVE ST. PETERSBURG, FL 33703			
Mailing Address 770 SAND PINE DRIVE ST. PETERSBURG, FL 33703				2. Principal Place of Business - No P.O. Box #			
3. Mailing Address 3553 Cypress Terrace				Suite, Apt. #, etc.			
City & State Pinellas Park, FL				4. FEI Number 11172007 REIN-LLC CR2E101 (1/07)			
Zip 33781				Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GLEIM, HOLGER D 150 SECOND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Evelyn Hensley Street Address (P.O. Box Number is Not Acceptable) 3553 Cypress Terrace City Pinellas Park FL Zip Code 33781			
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 <u>Evelyn Hensley</u> Evelyn Hensley DATE 12-16-07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME MGRM <input type="checkbox"/> Delete STREET ADDRESS Marc Greenstone CITY-ST-ZIP 3553 Cypress Terrace Pinellas Park, FL 33781				TITLE NAME MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 700113268847 CITY-ST-ZIP 12/19/07--01014--008 **150.00			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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: <u>Evelyn Hensley</u> Evelyn Hensley DATE 12-16-07 727-521-0644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							