2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# L06000047543

Entity Name: GOODFELLAS GAMES LLC

Current Principal Place of Business:

993 EAGLES FORREST DRIVE
APOPKA, FL 32712 US

New Principal Place of Business:

1061 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

Current Mailing Address:

993 EAGLES FORREST DRIVE
APOPKA, FL 32712 US

New Mailing Address:

1061 WEST ORANGE
APOPKA, FL 32712 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DANIELA BALAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STACY, CRAIG
Address: 993 EAGLES FORREST DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM ( ) Delete
Name: MONDRAGON, DANIEL
Address: 993 EAGLES FORREST DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MCCOWN, MONICA L
Address: 1403 BLACK WILLOW TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM ( ) Change (X) Addition
Name: MAYNARD, ROBIN L
Address: 4947 CASABA PLACE
City-St-Zip: ORALNDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG STACY MGRM 09/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date