PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLO	RIDA DEPARTM Secretary of DIVISION OF COR	f State		FIL 2004 MAY 24 DIVISION OF CO	PM 4: 08		
DOCUMENT # 1990000137/ 1. Limited Liability Company's Name					ALLAHASSE	E, FLORIDA	15	
MAUERICK GAMING, L.L.C.								
2. Principal Office Address	3. N	Mailing Office Address						
2770 NE 31		(SAME)		4. State/Coun	4. State/Country of Formation			
Suite, Apt. #, etc.	, Apt. #, etc.	c F		LORIDA, WA				
					ized or Qualified ness in Florida	-4-99		
LIGHTHOUSE POINT, FL		City & State		6. FEI Numbe	6. FEI Number Applied For Not Applicable			
33064 Country	SA	C	Country	7.	OF STATUS DESIRED	\$5.00 Additional F for a Certificate	ee required	
8. Name and Address of Current Registered Agent								
Name JAMES C. MALCOLM								
Street Address (P.O. Box Number is Not Acceptable) 270 NE 3 ST. Suite, Apt. #, Etc.								
					1 - 1			
LICHTHOUSE POINT					FL 330	6 4	Ŕ	
9. I, being appointed the registered agent of the above name firmined liability company, am familiar with and act Signature of Registered Agent REGISTERED AGENT MUST SIGN					accept the obligations of Chapter 608, F.S. Date 5~20-04			
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10. Names and Street Addresse	es of Managing Members/N Name of	lanagers	Street Address	of Fach				
	g Members/Managers		Managing Membe		1	State / Zip	\ \	
MGR. JAMES	C. MALCO	LM 277	ONE	31 57,	LIGHTH FL,	33064	パップニー	
						Towns from Green Copy		
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4			MLIIV	STATEMI	2001-	04		
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 Date 5/10/84 Daytime Phone # 954-303-3058								
Typed or printed name of signing Managing Member/Manager TAMES C. MALCOLM								



MAVERICK GAMING, L.L.C.

2770 NE 31 St. Lighthouse Point, FL 33064 USA (954)303-3058 email: james@maverickgaming.com

www.maverickgaming.com

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

May 20, 2004

This letter is to request that my company, Maverick Gaming, L.L.C. be reinstated. The company's original address was in an executive suite. We moved from that address and unfortunately they do not forward mail so we did not receive the notice of the yearly filing fees.

As per your offices direction, I am enclosing a check in the amount of \$200.00 to bring our account up to date and the LLC reinstatement form.

Thank you for you assistance. Sincerely yours,

James C. Malcolm

Mgr.