

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 DEC 23 AM 9:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000005  
 Name and Mailing Address

0007077 01 FP 0.352 \*\*PRSRT T2 0 0615 19801-491812  
 ODYSSEY ENTERTAINMENT, L.L.C.  
 824 MARKET STREET, SUITE 412  
 WILMINGTON DE 19801-4918



2. New Mailing Address <b>110 RIVIERA BLVD.</b>		4. State/Country of Formation <b>DE</b>	
City, State, Zip <b>FOLEY, AL 36535</b>		5. Date Organized or Qualified To Do Business in Florida <b>12/26/2001</b>	
Principal Place of Business <b>824 MARKET STREET, SUITE 412 WILMINGTON DE 19899-0397</b>	3. New Principal Place of Business Address <b>110 RIVIERA BLVD.</b>	6. FEI Number <b>62-1870542</b>	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip <b>FOLEY, AL 36535</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>SATTERWHITE, JILL K ESQUIRE 30 SOUTH SPRING STREET PENSACOLA FL 32501</b>	9. Name and Address of New Registered Agent Name <b>ROBERT N. ABRAMSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>625 E. ROMANA ST., Suite B</b> <b>HO RIV</b> City <b>Pensacola</b> FL Zip Code <b>32501</b>
---	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **Opie K. Goodnell** Date **12/20/02**  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DALY, MILT	80 DAVIS MILL COURT 17075 Perdido Key Dr.	LAWRENCEVILLE GA 30044 Pensacola, FL 32507
MGR	ABRAMSKY, ROBERT	402 HONEYCUTT DRIVE	WILMINGTON NC 28412
700009643567 12/23/02--01081--003 **150.00			
<b>REINSTATEMENT</b>			

12. 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 **Milt Daly** Date **12/11/02** Daytime Phone # **(251) 971-1013**

CR2E084 (8/02)