

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE  
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 \*\*PRSR T2 0 0615 19801-491812  
ODYSSEY ENTERTAINMENT, L.L.C.  
824 MARKET STREET, SUITE 412  
WILMINGTON DE 19801-4918



2. New Mailing Address

110 RIVIERA BLVD.

City, State, Zip

FOLEY, AL 36535

Principal Place of Business

824 MARKET STREET, SUITE 412  
WILMINGTON DE 19899-0397

3. New Principal Place of Business Address

110 RIVIERA BLVD.

City, State, Zip

FOLEY, AL 36535

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

12/26/2001

6. FEI Number

62-1870542

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SATTERWHITE, JILL K ESQUIRE  
30 SOUTH SPRING STREET  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

ROBERT N. ABRAMSKY

Street Address (P.O. Box Number is Not Acceptable)

625 E. ROMANA ST., Suite B

City

Pensacola

FL

Zip Code

32501

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

Opel K. Goodrich

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

REINSTATEMENT

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

Date

12/11/02

Daytime Phone # (251) 971-1013

CR2E084 (8/02)