PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -1 PM 1:44

DOCUMENT # N00000003550

1. Corporation Name
Majestic Entertainment, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1121 ATLANTIC AVE.	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	N/A
City, State	City, State
OPA-LOCKA, FL 33050	N/A
Country	Country
USA	N/A
Zip	Zip
	N/A

4. Date Incorporated or Qualified To Do Business in Florida: 03-27-2001

5. FEI Number: 651034738 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Phyllis W. Sloan-Simpkins

700040324997
08/19/04--01045--009 **245.00

Street Address (P.O. Box Number is Not Acceptable): 1121 ATLANTIC AVE.

700040324997
09/01/04--01049--003 **61.25

Suite, Apt. #, Etc.

City: OPA-LOCKA, FL 33050 — State: FL — Zip Code:

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Phyllis W. Sloan Simpkins — Date: August 13, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Phyllis W. Simpkins	1121 ATLANTIC AVE.	OPA-LOCKA, FL 33050
P	Phyllis W. Simpkins	"	"
VP	John Reese	1034 N.W. 51st Street	Miami, FL 33127
PR	Candi Williams	4370 N.W. 178th St	Miami, FL 33055
S	Uretha L. Bastic	1496 April Ave	Deltona, FL 32725

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Phyllis W. Sloan-Simpkins — 8/13/04 — 305-653-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #