

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000009295		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 19 PM 2:28	
1. Corporation Name CASINO RATED PLAYERS. COM, INC.			
2. Principal Office Address 3200 NE 14 th ST.		3. Mailing Office Address Suits, Apt. #, etc.	
City & State POMPANO BCH. FL.		City & State	
Zip 33062	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 1/27/2000		5. FEI Number 65-0978702	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name WILLIAM FORHAN		900004706029	
Street Address (P.O. Box Number is Not Acceptable) 1000 S. OCEAN BLVD.		-12/05/01-01041-026	
Suite, Apt. #, Etc. 16 F		***211.25 ***211.25	
City POMPANO BCH. FL.	State FL	Zip Code 33062	
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 W Forhan		Date 11/14/01	
REGISTERED AGENT MUST SIGN			
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
CP T	WILLIAM FORHAN	1000 S. OCEAN BLVD #16 F	POMPANO BCH. FL
			33062
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)(f), 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: W Forhan		11/14/01 954-7848280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #