

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013919

1. Corporation Name

JACKPOT BINGO, INC.

2. Principal Office Address

1045 MASON AVENUE

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32117

Country

USA

3. Mailing Office Address

1045 MASON AVENUE

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32117

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/09/2000

5. FEI Number

59-3622706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

TIMOTHY J. COCKRELL

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

1045 MASON AVENUE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32117

900029302399
02/24/04--01031--038 **1050.00

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

REGISTERED AGENT MUST SIGN

Date

2/17/04

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
D	TIMOTHY J. COCKRELL	1045 MASON AVENUE	DAYTONA BEACH, FL 32117

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

386-212-1844
386-226-1103

Daytime Phone #