

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL -2 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials: HCB*

DOCUMENT # P03000084949

1. Corporation Name

THE PLAYERS Club Arcade, INC

2. Principal Office Address - No P.O. Box #

2391 South McCall Rd

Suite, Apt. #, etc.

City & State

Englewood FL 34224

Zip

34224

Country

Charlotte

3. Mailing Office Address

7458 mamouth ST.

Suite, Apt. #, etc.

City & State

Englewood FL

Zip

34224

Country

Charlotte

000131749740

06/26/08--01035--011 \*\*1200.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

7-30-2003

5. FEI Number

300204292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID C DIEORICK

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

7458 mamouth ST

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34224

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

David C Dieorick

REGISTERED AGENT MUST SIGN

Date

6-24-08

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

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|----------|--------------------------------------|---|---------------------------|
| <u>P</u> | <u>DAVID DIEORICK</u>                | <u>7458 mamouth ST</u>                            | <u>Englewood FL 34224</u> |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |
|          |                                      |   |                           |

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 contained in Chapter 119, 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:

David Dieorick

DAVID DIEORICK

6-24-08

941-468-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #