

2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000116297 | |
| 1. Entity Name ALADDIN AMUSEMENT CORP. | |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 10:05

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|---|---|
| Principal Place of Business 6251 OAK BLUFF WAY LAKE WORTH, FL 33467 | Mailing Address 6251 OAK BLUFF WAY LAKE WORTH, FL 33467 |
|---|---|

REINSTATEMENT 05



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| 2. Principal Place of Business 4550 Lantana Road | 3. Mailing Address 4550 Lantana Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

10112005 REIN-P CR2E098 (6/04)

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|------------------------------------|-----------------------------------|
| City & State Lantana, FL | City & State Lantana FL |
| Zip 33463 | Country USA |
| Zip 33463 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 84-1653920 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ALBRECHT, PATRICIA A 6251 OAK BLUFF WAY LAKE WORTH, FL 33467 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALBRECHT, PATRICIA A 6251 OAK BLUFF WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060722403 10/18/05--01072--015 **\$150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRECO, BARBARA A 6251 OAK BLUFF WAY LAKE WORTH, FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Albrecht* **Pat Albrecht** *Res. 10/10/05* **296-7747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #