2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000151388

Entity Name: HOLD'EM OR FOLD'EM POKER LEAGUE, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1756 CHATHAM CIRCLE 2098 GRASMERE DRIVE APOPKA, FL 32703 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

1756 CHATHAM CIRCLE P.O. BOX 783814

APOPKA, FL 32703 WINTER GARDEN, FL 34778

FEI Number: 74-3200596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHINKER, WILLIAM T
1756 CHATHAM CIRCLE
APOPKA, FL 32703 US
SHINKER, WILLIAM T
2098 GRASMERE DRIVE
APOPKA, FL 32703 US

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.

SIGNATURE: WILLIAM T. SHINKER 02/06/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PC
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SHINKER, WILLIAM T
 Name:
 SHINKER, WILLIAM T

 Address:
 1756 CHATHAM CIRCLE
 Address:
 2098 GRASMERE DRIVE

Address: 1756 CHATHAM CIRCLE Address: 2098 GRASMERE DRIVE City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US

Title: VPST () Delete Title: VP (X) Change () Addition Name: SHINKER, GRISELLE Name: SHINKER, GRISELLE

Address: 1756 CHATHAM CIRCLE Address: 2098 GRASMERE DRIVE City-St-Zip: APOPKA, FL 32703 US City-St-Zip: APOPKA, FL 32703 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 WATSON, WILLIAM
 Name:

 Address:
 1756 CHATHAM CIRCLE
 Address:

 City-St-Zip:
 APOPKA, FL 32703 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRISELLE SHINKER VP 02/06/2009