

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUL 19 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01-02 [Signature]

DOCUMENT # P22937

1. Corporation Name

ARISTOCRAT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

3300 Birtcher Dr.,  
Las Vegas, NV  
89118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3300 Birtcher Drive, Las Vegas, Nevada 89118

3. New Mailing Office Address, If Applicable

3300 Birtcher Drive, Las Vegas, Nevada 89118

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1989

5. FEI Number

88-0097390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BURKE, FRANK JEYARAJ, LIONEL	P.O. BOX 808 71 Longueville Road	LANE COVE NSW 2066
D	CONN, STEPHEN ISAACS, MICHAEL GAVIN	71 LONGUEVILLE ROAD	LANE COVE, NEW SOUTH WALES AU 2 066
Sec	HARMER, BRUCE BURGESS	9895 DOUBLE P BLVD STE 200 3300 Birtcher Drive	RENO NV 89511 Las Vegas, Nevada 89118
D	RANDALL, DES	71 LONGUEVILLE RD	LANE COVE NEW SOUTH WALES AU 2066
Pres/ Dir	NEWBURG, MARK	3300 Birtcher Drive	Las Vegas, Nevada 89118
Treas/ CFO/Dir	ROWAN, RONALD	3300 Birtcher Drive	Las Vegas, Nevada 89118

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

[Signature of Barbara A. Burke]

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

3-25-02

11. 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 of Robert J. ...]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/02

Daytime Phone #

702-269-5031