

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

13 JUL 23 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P22937**

1. Corporation Name

Aristocrat Technologies, Incorporated

100250038711

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 7230 Amigo Street		3. Mailing Office Address 7230 Amigo Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Las Vegas, NV		City & State Las Vegas, NV	
Zip 89119	Country U.S.A.	Zip 89119	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida Feb 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. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 <i>Sue G. Knight</i>	Sue G. Knight Assistant Vice President Date 7-23-13
REGISTERED AGENT MUST SIGN	

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
P	Atul Bali	7230 Amigo Street	Las Vegas/NV/89119

10. E-mail Address: info@cscinfo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: <i>Atul Bali</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/C

Atul Bali, President - The Americas  
Work Telephone No.: (702) 599-6800

RE 7/23/13