PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: P22937 (Regarding)

1. Corporation Name
Aristocrat Technologies, Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7230 Amigo Street	7230 Amigo Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Las Vegas, Nevada	City & State: Las Vegas, Nevada
Zip: 89119 Country: United States	Zip: 89119 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1989

5. FEI Number: 880097390 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Certificate of Good Standing — $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

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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: Janet Budhu,Asst. Vice President Date: 12/18/14
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
DIR.	Constance James	7230 Amigo Street	Las Vegas/NV/89119

10. **E-mail Address:** teri.lede@aristocrat-inc.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: X Constance James 12/18/20 702-270-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/19/14