


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # P35229

1. Corporation Name  
**CROWN AMUSEMENTS, INC.**

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Principal Place of Business         | Mailing Address                     |
| 380 QUARRY RD<br>LANCASTER OH 43130 | 380 QUARRY RD<br>LANCASTER OH 43130 |



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

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 08/26/1991  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 38-1775611  |  |
|  |  |  |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|  |  |  |  | \$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 |
|----------|-----------------------------------|--|--------------------|
| P        | CARL, RICHARD                     | 10297 SANDY RUN                                | JUPITER FL         |
| CD       | PUGH, JEFF                        | 1494 STRINGTON RD                              | LANCASTER OH 43130 |
|          |                                   |  |                    |
|          |                                   |  |                    |
|          |                                   |  |                    |
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 \*\*\*\*750.00 \*\*\*\*750.00

|  |  |  |                |
|--|--|--|----------------|
| 8. Name and Address of Current Registered Agent                            |  | 9. Name and Address of New Registered Agent        |                |
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION FL 33324 |  | Name   |                |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  | Suite, Apt. #, Etc.                                |                |
|  |  | City   | State Zip Code |
|  |  |  | FL             |

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: PETER F. SOUZA (Signature)  
 REGISTERED AGENT MUST SIGN  
 Date: 10/22/01

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] (Signature)  
 REGISTERED AGENT MUST SIGN  
 Date: 10/17/01  
 Daytime Phone #: 740-687-4468

CR2E940 (8/01)