

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014805

1. Corporation Name

BINGO COUNTRY FLORIDA, INC.

Principal Place of Business

2466 N POWERLINE RD
POMPAHO BEACH FL 33069

Mailing Address

217 NE 2ND STREET
FT. LAUDERDALE FL 33301
US



99-2000

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1993

5. FEI Number

65-0307980

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRUICKSHANKS, BRYAN	800 UPPER CANADA DR	CLEARWATER, ONTARIO
D	KOHLMEIER, AMANDUS	800 UPPER CANADA DR	CLEARWATER, ONTARIO
D-	SANDRIN, LUCIO	800 UPPER CANADA DR	CLEARWATER, ONTARIO
			500003245175-4 -05/09/00--01099--026 ****750.00 ****750.00

REINSTATEMENT

99-00

TS

8. Name and Address of Current Registered Agent

RATHBURN, PATRICIA A.
217 N.E. 2ND STREET
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500003245175-4

-05/09/00--01099--027

***150.00 ***150.00

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/20/99

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/99

Date

Daytime Phone #

CR2E040 (5/99)