PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIO	N
REINSTATEME	NT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 MAY 21 PM 2: 30

DOCUMENT # P96000091700

1. Corporation Name

RAMSHEAD DOWNS, INC.

2. Principal Office Address 2420 Deer

3. Mailing Office Address 2420 Deer

Creek Country Club Blvd

Creek C. C. Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State Deerfield Beach, FL City & State Deerfield Beach, FL

33442

Country USA

33442

Country USA

4. Date Incorporated or Qualified To Do Business in Florida___

. 11/07/1996. **SF**

5. FEI Number 65-0715392

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required

7. Name and Address of Current Registered Agent

William A. Pascoe

Street Address (P.O. Box Number is Not Acceptable) 2420 .Deer Creek Country Club Blvd

Suite, Apt. #, Etc.

Suite 305

Deerfield Beach

-06/20/01--01069--0

State

Zip Code 33442

ove named aexporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent

Signature of Registered Agent

05/17/01

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
FO/D	Colange, Anthony P.	25611 Quail Run #104	Dana Point, CA 92629
S/D	Pascoe, William A.	2420 Deer Crk C. C. Blvd # 305	Deerfield Beach, FL
P/D	Riccio, Ajohn	. " " " " " " " " " " " " " " " " " " "	Sarasota, FL 34234
V/T/D	Thompson, J. Charles	6605 Brandywine Dr S	Margate, FL 33063
J.			

10. To 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 filling 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.

J. Charles Thompson SIGNATURE AND TYPED OR PRINTED NAME OF

05/17/01

954-428-7101

Daytime Phone #