## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations						FILED  06 NOV 30 PM 1: 06  LINE ASY OF STATE TALLAHASSEE, FLORIDA  04-06						
DOCUMENT # P96000091700  1. Corporation Name  RAMSHEAD DOWNS, INC.												
	#, etc.	Creek CC Blv	Suite, Apt. #, etc.	10 Deer Creek CC I			04-06 800082170468 11/30/0601032007 **1058.75 11vd cr2E081 (12/05)					
Suite 308  City & State Deerfield Beach, FL Deerfi				uite 308 Beach, B	4. Date Incorporated or Qualified To Do Business in Florida 11/07/1996  5. FEI Number 650715392 Applied For Not Applicable							
<sup>Zip</sup> 334	42	Country USA	<sup>Zip</sup> 33442	Country US A	A	6. CERTIFICATE	OF STATUS	DESIRED			ee required	
	7. Name and Address of Current Registered Agent  Name Pascoe, William A.  Street Address (P.O. Box Number is Not Acceptable) 2410 Deer Creek CC Blvd  Suite, Apt. #, Etc.  Suite 308  City State Zip Code											
B. 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 REGISTERED AGENT MUST SIGN												
9. Names	and Street A	ddresses of Each Officer and	/or Director (Florida nonpi	ofit corporations m	ıust list at lea	st 3 directors)		_				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
PD	Colange, Anthony P			25611 Quail Run,								
SD	Pascoe, William A.			2410 Deer Creek CC BI #308			Deer	field		ch, E 33442		
, VD	Riccio, Ajohn			4917 Remington Drive			Saras	sota,	FL	3423	34	
VTD	Thom	oson, Charles	6605	Brandyv	vine I	rive S	Mar	gate,	FL	3306	53	
		10/21/21/21/21/21/21/21/21/21/21/21/21/21/						· · · · · · · · · · · · · · · · · · ·		-	, <u>.</u>	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 contained in Chapter 119, 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:    1 - 29 - 20												