PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # D97006038539		05 JAN 27 AM 9: 46
KCA Amusements, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address	3. Mailing Office Address	REINSTATEMENT 04-05
15103 (Mrttanlare Rd). Suite, Apt. #, etc.	17121 Morris Bridge Suttle, Apr. #, etc.	TIND
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 1 2 9 9 7
Balm, FL	Thonotossassa, FL	6. FEI Number Applied For Not Applicable
270 Country 33503 USA	Zip	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Street Address (P.O. Box Number is Not Acceptable) State Apt. #, Etc. Thonotosousso State Zip Code FL 33592-225		
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 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	
Pres. Kevin L. Ex	om 5500 Hwy 1020	E. FRUSTPROOF, FL-33248
		000046287310 02/10/0501002013 **500.00 000046287310 02/10/0501002014 **400.00
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 607 or 617, F.S. I further certify that when filling this redustation 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 socurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Data Deptime Phone #		