

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P97000080976

1. Corporation Name

THE PLAYERS EXCHANGE, INC.

98 NOV 19 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

301 E. Hillcrest St.  
Orlando, FL 32801

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/97

5. FEI Number

59-3468177

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	Anthony A. Arrigoni	3137 McEWAN View Cir	Orlando, FL 32812
VICE PRESIDENT	Philip Damico	6620 132 St. W	Apple Valley, MN 55124
			000002696830--S -11/25/98--01071-013 ***500.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREW COVE  
3801 HOLLYWOOD BLVD. #100  
HOLLYWOOD, FL. 33021

Name  
Anthony A. Arrigoni  
Street Address (P.O. Box Number is Not Acceptable)  
301 E. Hillcrest St.  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32801

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

Tony Arrigoni

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY ARRIGONI

Date

Daytime Phone #

11/16/98 (407) 481-0118