

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 JAN -4 AM 8:24.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082248

1. Corporation Name

SOUTHERN COIN AMUSEMENTS, INC.

Principal Place of Business

Mailing Address

1830-A ATLANTA AVE.
ORLANDO FL 32806

1830-A ATLANTA AVE.
ORLANDO FL 32806

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3472950

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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	ADAMS, L. WAYNE	1591 LAUREL PARK CT.	ORANGE CITY FL 32738
D	SOLOMON, JAMES C JR.	5155 WHITEWOOD WAY	LAKE WORTH FL 33467
D	JOHNSON, CALVIN R	8141-A BRIDGEWATER CT.	LAKE CLARK SHORES FL 33406

000003096650--1
-01/12/00--01093--005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

ADAMS, L. WAYNE
1591 LAUNEL PARK CT.
ORANGE CITY FL 32736

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

L. Wayne Adams
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-1-99

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

L. Wayne Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/99
Date

407
839-6178
Daytime Phone #

KE