

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082248

1. Corporation Name

SOUTHERN COIN AMUSEMENTS, INC.

Principal Place of Business

1830-A ATLANTA AVE.
ORLANDO FL 32806

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

5. FEI Number

59-3472950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 33408

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. or 617.0505, F.S.

Signature of
Registered Agent

L. Wayne Adams
REGISTERED AGENT MUST SIGN

Date

11/15/02

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 indicated 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

Date

Daytime Phone #

FILED
02 NOV 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/20/02--01001--017 **750.00

REINSTATEMENT 02

R. 11/02

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