

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 OCT -8 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000088667

1. Corporation Name

Reels & Deals Games, Inc.

2. Principal Office Address

10128 NW 53rd Street
Suite, Apt. #, etc.

3. Mailing Office Address

10128 NW 53rd Street
Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-97

5. FEI Number

58-2349967

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry Giles

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

9229 N.W. 16th Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

Jerry Giles

REGISTERED AGENT MUST SIGN

Date 10-7-2002

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	City / State / Zip
P/D	Giles, Jerry	9229 NW 16th Street	Coral Springs, FL 33071
V	Dimitrijevic, Peter	29 Harbour Drive	NASSUA BAY, TX 77058
S/D	Giles, Gary	10751 NW 17 MANOR	Coral Springs, FL 33071
V/D	Mach, Ron	460 Irena Road	GRANTS PASS, OR 97526
V/D	Tucker, Ben	2245N Green Valley Pkway	HENDERSON, NV 89104
CF/D	DAVENPORT, LANIER	Krystal Building, Suite # 267 One Union Square	Chattanooga, TN 37402

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 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

Gary L. Giles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-2002

Date

954-742-7764

Daytime Phone #

CR2E081 (9/01)

2at2

"Additional Officers/Directors"

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	City / State / Zip
V/D	Giles, Terry	7188 NW 108th Avenue	PARKLAND, FL 33076

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 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:

Gary L. Giles Gary L. Giles

10-7-2002

954-742-7764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #