

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000059649

1. Corporation Name  
DALS GAMES INC.

2. Principal Office Address  
1107 INDIAN BLUFF DRIVE  
APOPKA, FL  
Suite, Apt. #, etc.

3. Mailing Office Address  
1107 INDIAN BLUFF DR.  
Suite, Apt. #, etc.

City & State  
Apopka FL

City & State  
Apopka FL

Zip  
32703

Country  
USA

Zip  
32703

Country  
USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida 7/02/98

5. FEI Number  
59-3519 294

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

32703

7. Name and Address of Current Registered Agent  
Name: HRU EDWARD / KEN JONES  
Street Address (P.O. Box Number Is Not Acceptable): 771 S. KIRKMAN RD. / 4218 ILENE CRT.  
Suite, Apt. #, Etc.: SUITE 112  
City: ORLANDO, FL 32811 / ORLANDO, FL  
State: FL / Zip Code: 32806 us

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. 32806

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 1/31/00

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
PRES.	WISE L. PAPPAS	1107 INDIAN BLUFF DR.	APOPKA, FL 32703
V.P.	ERNIE PAPPAS	1107 INDIAN BLUFF DR.	APOPKA, FL 32703

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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: [Signature] 1/31/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #