

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000099139

1. Corporation Name

VIDEO SLOT POKER, CORP.

2. Principal Office Address

6303 Blue Lagoon Drive

Suite, Apt. #, etc.

390

City & State

MIAMI

FL

Zip

33126-6005

Country

USA

3. Mailing Office Address

6303 Blue Lagoon Drive

Suite, Apt. #, etc.

390

City & State

MIAMI

FL

Zip

33126-6005

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0880492

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

MARQUEZ & MARCELO-ROBAINA, P.A.

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

6303 BLUE LAGOON DRIVE

Suite, Apt. #, Etc.

390

City

MIAMI

State

FL

Zip Code

33126-6005

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

[Signature]

Date 08/04/2005

REGISTERED AGENT MUST SIGN

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
DPS	ARMANDO M. POSADA	6303 Blue Lagoon #390	MIAMI, FL. 33126-6005

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. 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 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 is 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

President

08/04/2005 (305) 262-2206

Date

Daytime Phone #

FILED

05 SEP -7 PM 3:31

SECRET
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09/07/05--01010--023 **150.00

REINSTATEMENT 03-05

CR2E081 (01/05)