


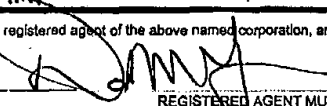
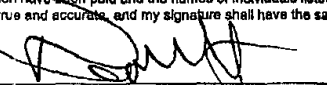
Oct 11 01 05:13p

KOCH REISS & CO.

(954) 962-1021

p. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 24 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000087006					
1. Corporation Name LATIN AMERICA GAMING CONSULTANTS, INC.					
2. Principal Office Address 1200 BRICKELL AVE Suite, Apt. #, etc. 950 City & State MIAMI, FL Zip 33131		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 9/29/99	
Country USA		Country		5. FEI Number 65-0966218 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Dana M. Kaufman					
Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave					
Suite, Apt. #, Etc. 950					
City Miami			State FL	Zip Code 33131	
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  Date 10/11/01 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	
P	Dana M. Kaufman	1200 Brickell Ave #950		Miami, FL 33131	
				01 TS	
		REINSTATEMENT			
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)(f), 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:  Date 10/11/01 305-652-4255 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					