CAPITAL CONNECTION 850 222 1222 01/04 '01 12:02 NO.997 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUN -1 AM 11:09

CORPORATION REINSTATEMENT

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

DOCUMENT # P 99000097694

1. Corporation Name

WARD CASINO CRUISES, INC.

REINSTATEMENT 00-01

SP

2. Principal Office Address	3. Mailing Office Address
4871 Harbor Woods	4871 Harbor Woods
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 Country: USA	Zip: 34683 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/5/1999

5. FEI Number: 59-3617157 ☐ 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: Kenneth F. Whitcomb

Street Address (P.O. Box Number Is Not Acceptable): 4871 Harbor Woods Drive

Suite, Apt. #, Etc.:

City: Palm Harbor | State: FL | Zip Code: 34683

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****508.75 ****508.75

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: X Ken Whitcomb
REGISTERED AGENT MUST SIGN

Date: 5/8/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ernest J. Ward	20 Clay Court	Locust, NJ 07760

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: X Ernest J. Ward President — 4-6-01 — c/o (727) 942-3631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #