

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AF2

98-900R
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S94992

1. Corporation Name

BINGO COUNTRY FLORIDA CONCESSIONS, INC.

Principal Place of Business

2406 N POWERLINE RD
POMPANO BEACH FL 33069

Mailing Address

217 NE 2ND STREET
SUITE 900
FT LAUDERDALE FL 33301
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1991

5. FEI Number

65-0307925

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VPD	CRUICKSHANKS, BRYAN	800 UPPER CANADA DR	CLEARWATER, ONTARIO
D	KOHLMEIER, AMANDUS	800 UPPER CANADA DR	CLEARWATER, ONTARIO
D	SANDRIN, LUCIO	800 UPPER CANADA DR	CLEARWATER, ONTARIO

3000002796683--4
-03/05/99--01117--008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

RATHBURN, PATRICIA A.
217 N.E. 2ND STREET
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

BINGO COUNTRY FLORIDA CONCESSIONS INC

March 1, 1999

COURIERED

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Bingo Country Florida Concessions, Inc.

To Whom It May Concern:

We just received an 'Application for Reinstatement' Document #S94992 in regards to the above subject matter.

Upon receiving this form we realized that we did not receive any notices for the 1998 Profit Corporation Annual Report.

I contacted your office today and they suggested that I explain this situation and that there would be a waiver of penalties. As was also suggested by your office, in order to reinstate our company and bring our account up to date, I have enclosed the endorsed reinstatement form and both the 1998 & 1999 Corporation filing fees of \$150.00 each totaling the enclosed check of \$300.00

I appreciate your assistance in this matter.

Thank you.

Sincerely,



Amandus Kohlmeier

encl.