

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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**CORPORATION REINSTATEMENT
TRADESHOW, INC.**

Certificate of Status	0
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F01000006477
 1. Corporation Name
TRADESHOW, INC.

REINSTATEMENT 09-11

2. Principal Office Address - No P.O. Box # 5845 WYNN RD		3. Mailing Office Address 5845 WYNN RD	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State LAS VEGAS NV		City & State LAS VEGAS NV	
Zip 89118	Country USA	Zip 89118	Country USA

CRZ8081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 12/17/2001

5. FEI Number 364499066 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suits, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0506 or 617.0608, F.S.

Signature of Registered Agent [Signature] **Mark G. Eppley**
Assistant Vice-President and Secretary

Date 08-12-2011

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	MR. GLENN LEVY	5845 WYNN ROAD	LAS VEGAS NV 89118
SEC	MR. RONALD SUISSA	5845 WYNN ROAD	LAS VEGAS NV 89118

10. E-mail Address: Yvonne@tradeshowspecialists.com
 (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156, F.S.

SIGNATURE: [Signature] **Glenn Levy** Date 08-12-2011 702-798-9868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/11
 DB