


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>04000002625</u>			
1. Corporation Name STATE FAIR PRODUCTIONS, INC.			
2. Principal Office Address - No P.O. Box # 4157 Chain Bridge Road Suite, Apt. #, etc.		3. Mailing Office Address 4157 Chain Bridge Road Suite, Apt. #, etc.	
City & State Fairfax, Virginia		City & State Fairfax, Virginia	
Zip 22030	Country USA	Zip 22030	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 05/12/04		5. FEI Number 810642083	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
7. Name and Address of Current Registered Agent			
Name Albert C. Penson			
Street Address (P.O. Box Number is Not Acceptable) Penson & Davis, P.A.			
Suite, Apt. #, Etc. 2810 Remington Green Circle			
City Tallahassee		State FL	Zip Code 32308
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	
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
PC	Richard H. Reithoffer	9022 Wiggins Road	Gibson, FL 33534
SD	Marianne Reithoffer	9022 Wiggins Road	Gibson, FL 33534
D	Patrick E. Reithoffer	19468 Camp Lane	Jupiter, FL 33478
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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 contained in Chapter 119, 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: <u>Richard H. Reithoffer, President</u>		Date <u>11/7/08</u> 650 561 8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	