PLEASE READ ALL INSTRUCTIONS BEFORE COMP	LETING	THIS FORM
--	--------	-----------

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

MANOR HOUSE SHOWS, INC.

FILED Jul 22, 2002 8:00 A.M. **Secretary of State**

> **400006701054**--2 ***1150.00 ***1150.00

		<i>f</i> .		
2. Principal Office Address 1350 Middle River Dr.		3. Mailing Office Address Ft. Laud., FL		
Suite, Apt. #, etc. City & State Ft. Laud., FL 33304		Suite, Apt. #, etc. City & State FT. Laud., FL		,
				Date incorporated or C To Do Business in Flor FEI Number
		7. Name a	nd Address of Current Reg	istered Agent
Name		M. LIVOTI	, JR., ESQ.	

4.	Date Incorporated or Qualified To Do Business in Florida	2/2_/	2/2 ₌ /95		
5. FEI Number 52-1317609			Applied For		
	Γ	Not Applicable			
22	***************************************				

\$3.75 Additional Fee requires for a Cartificate of Status

Street Address (P.O. Box Number is Not Acceptable) 721 N.E. THIRD AVENUE Suite, Apt. #, Etc. FT. LAUDERDALE

8. I, being appointed the registered agent of the above p ppt the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED GENT MUST SIGN

7/16/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must let at least 3 directors) Name of Officers and/or Directors Titles Street Address of Each Officer and/or Director City / State / Zip ROBERT H. SMITH 1350 Middle River Dr. Laud., FL 33304 S ROSEMARY KRIEGER 525 Thomas Forest Park, IL 60130 D DON RABIDEAU 104 Lake Terrace Court Hendersonville,

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 507 or 617, F.S. I further certify that when filling 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 path.

SIGNATURE: 17 obert H. Smit

- Th. "

- LAW OFFICES OF

ANTHONY M. LIVOTI, JR., P.A.

ATTORNEYS AND COUNSELORS AT LAW 721 N.E. 3RD AVENUE FORT LAUDERDALE, FL 33304 (954) 463-3777 28

ANTHONY M. LIVOTI, JR. MEMBER OF FLORIDA, NEW YORK & WASHINGTON D.C. BARS

MICHAEL E. COVIELLO MEMBER OF FLORIDA & WASHINGTON D.C. BARS OF COUNSEL

DONALD E. OSWALD MEMBER OF FLORIDA BAR

JASON BARNETT MEMBER OF FLORIDA BAR

July 15, 2002

Tyrone Scott
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement - Manor House Shows, Inc.

Dear Sir/Madam,

As per our recent telephone conversation this letter is to inform you that we did not receive any notices for 1996 with respect to filing our annual report. We would request that you waive any late fees associated with this.

Enclosed please find the following:

1.) Completed Corporation Reinstatement form for Manor House Shows, Inc.

2.) Check payable to the Department of State, in the amount of \$1,150.00 for reinstatement of Manor House Shows, Inc.

3.) Change of Registered Agent/Office for Manor House Shows, Inc.

4.) Check payable to the Department of State for Certificate of Status and filing fee for Change of Registered Agent/Office

Please send ALL correspondence care of this office. Thank you again for your help in this matter. Should you have any questions or concerns please contact us.

ry truly yours

Jennifer O'Brien

Encl