PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR '97-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB 16 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005872

1. Corporation Name

SOUTHEX EXHIBITIONS INC

Principal Place of Business	Mailing Address
ONE SHERIDAN PLACE 3990 SHERIDAN STREET SUITE 107 HOLLYWOOD, FL33021	1 CONCORDE GATE SUITE 800 NORTH, ONTARIO M3C 2N6 CANADA

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/96

5. FEI Number: 65-0698336 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/D	MICHAEL FRANKS	28 MORGAN GARDENS	ALDENHAM, HERTS WD2 8BF, UK
C/D	KENT R. ALLEN	28 CASPER CRESCENT	BRAMPTON, ONTARIO L6W 4N2 CANADA
C/D	J. PAUL ALLINGHAM	329 SHOREACRES ROAD	BURLINGTON, ONTARIO L7L 5T3 CANADA
D	SIMON PAUL ADKINS	10 TROVERE PARK	HEMEL HEMPSTEAD HP1 3HY, UK

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SL 2-17-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name: 100002433391---5 Street Address (P.O. Box Number is Not Acceptable): DEC 17 '98--01102--017 ****300.00 ****300.00 Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (12/96)

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: Gail Sheeley Gail Shelby, as agent — Date: 1-7-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

THIS IS THE INITIAL YEAR FOR FILING (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: J. PAUL ALLINGHAM — DEC 18, 1997 — (416)-385-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #