

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

2000 UBR

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 NOV 20 AM 10:39

DOCUMENT # **J12406**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
Florida International Restaurant + Hotel Exposition, INC.

2. Principal Office Address
3354 17th Street

3. Mailing Office Address
3354 17th Street

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34235 USA

Zip Country
34235 USA

4. Date Incorporated or Qualified To Do Business in Florida
5/11/86

5. FEI Number
59-2746630

6. CERTIFICATE OF STATUS DESIRED **5875** Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
TODD MANDELL

Street Address (P.O. Box Number is Not Acceptable)
3354 17th Street

Suite, Apt. #, Etc.

City
Sarasota, FL

State
FL

Zip Code
34235

900003496849-5
 -12/12/00-11/11-007
 *****158.75 L*****158.75

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 *[Signature]* Date **11/16/00**

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
CD	SAUL MANDELL	3354 17 STREET	Sarasota, FL 34235
PD	TODD MANDELL	3354 17 Street	Sarasota, FL 34235
TDS	Evelyn Mandell	3354 17 Street	Sarasota, FL 34235
VD	BRAD MANDELL	3354 17 Street	Sarasota, FL 34235
SUD	WENDY Howard	3354 17 Street	Sarasota, FL 34235

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 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]* **TODD MANDELL** Date **11/16/00** Daytime Phone # **(941) 366-2554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)

J124DL6 2012

Florida International Restaurant and Hotel

3354 Seventeenth Street • Sarasota, FL 34235
Phone 941-366-2554 • Fax 941-366-9861
Website: www.FIRHE.com

Expo

November 16, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find check of \$158.75 for reinstatement of corporation, Florida International Restaurant and Hotel Exposition, Inc.

This report was not filed on time for we never received the notice or necessary forms. On further research, we found that the address was incorrect and was returned to you undelivered.

I request that you please grant us a one time waiver, and regret any inconveniences this may have caused. Thank you for your assistance.

Sincerely,


Todd Mandell