


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L01000002263 |  |
| 1. Entity Name GULF BREEZE EXPOSITION, LLC | |

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|--|---|
| Principal Place of Business 1597 BULEVAR MENOR PENSACOLA BEACH, FL 32561 | Mailing Address 1192 VILLAGE COVE ATLANTA, GA 30319 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
2005 APR 27 AM 11:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



04262005 REIN-LLC CR2E101 (6/04)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ENTREKIN, LARRY W 1597 BULEVAR MENOR PENSACOLA BEACH, FL 32561 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|------------------------------------|--|
| FILE NOW!!! FEE IS \$200.00 | Make check payable to Florida Department of State |
|------------------------------------|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ENTREKIN, LARRY W 1192 VILLAGE COVE ATLANTA, GA 30319 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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05/10/05--01034--014 **235.00

REINSTATEMENT 2004-05

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/26/05** (850) 763-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #