

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000017292

Name and Mailing Address

0000344 01 FP 0.352 **PRSR T2 0 0615 32712-213692



TOB TRADE SHOW, LLC
1792 CRANBERRY ISLE WAY
APOPKA FL 32712-2136

2002 NOV 27 PM 12:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CR2E034 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/09/2001	
Principal Place of Business 1792 CRANBERRY ISLE WAY APOPKA FL 32712	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 80-000-5747	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BORES, DONALD J SR 1792 CRANBERRY ISLE WAY APOPKA FL 32712	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 700009248227 11/27/02-01112-003 **150.00 FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Partner	Paul R. Walsh Jr.	1904 Canyonwood Ct.	Valrico FL 33594
Partner	Michael Kirkwood	28 Ash St	Basking Ridge NJ 07000
Partner	Phillip Viscidi	68 Kingsbury St.	Wellesley MA 02481
Partner	Donald Bores Sr.	1792 Cranberry Isle way	Apopka FL 32712
REINSTATEMENT 2002			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Donald Bores Sr. Date 11-19-02 Daytime Phone # 407-464 9280

Typed or printed name of signing Managing Member/Manager