


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2010 MAY 3 PM 12:35	
DOCUMENT # <u>L06000093605</u>				SECRETARY OF STATE TALLAHASSEE, FLORIDA 04/20/10--01044--002 **138.75 300175040583 04/08/10--01055--017 **416.25 CR2E041 (11/09)	
1. Limited Liability Company's Name <u>General Exhibitions, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>5858 Lakehurst Drive</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>(same)</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA / USA</u>	
City & State <u>Orlando, FL</u>		City & State		5. Date Organized or Qualified To Do Business in Florida <u>9/22/06</u>	
Zip <u>32819</u>	Country <u>USA</u>	Zip	Country	6. FEI Number <u>76-0838876</u>	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent Name <u>CHRISTOPHER R. GRIFFIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>5858 Lakehurst Drive</u> Suite, Apt. #, Etc. City <u>Orlando</u>				7. <input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. \$5.00 Additional Fee required for a Certificate of Status	
9. 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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN		Date <u>3/30/10</u>			
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	CHRISTOPHER GRIFFIN	14327 Sports Club Way		Orlando, FL 32837	
MGR	DAVID BEACH	4605 Brookfield Corporate Dr.		Chantilly, VA 20151	
		REINSTATEMENT		07-10 AL	
11. E-mail Address: <u>cgriffin@tradeshowsupply.com</u> (To be used for future annual report notifications)					
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 <u>[Signature]</u> Typed or printed name of signing Managing Member/Manager <u>Christopher R. Griffin</u> Date <u>3/30/10</u> Daytime Phone # <u>(407) 852-1910</u>					