PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 14 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400174520344
04/15/10--01001--002 **116.25
CR2E041 (11/09) 41625

DOCUMENT # L07000073756

1. Limited Liability Company's Name
CENTURY 21 SHOWS, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
202 WALTON WAY	202 WALTON WAY
Suite, Apt. #, etc. STE 192 #198	Suite, Apt. #, etc. STE 192 # 198
City & State CEDAR PARK TX	City & State CEDAR PARK TX
Zip 78613 County WILLIAMSON	Zip 78613 County WILLIAMSON

4. State/Country of Formation FL
5. Date Organized or Qualified To Do Business in Florida JULY 2007
6. FEI Number 27-1958331 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: C. FREDACK
Street Address (P.O. Box Number is Not Acceptable): 17121 MORRIS BRIDGE ROAD
Suite, Apt. #, Etc.:
City: THONOTOSASSA State: FL Zip Code: 33592

☐ 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.

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: Chuck Fredack Date: 4.12.10
REGISTERED AGENT MUST SIGN

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
C.E.O.	KEVIN EXUM	106 MUSCOVY LANE	CEDAR PARK TX 78613
Officer	MARGARET ALLEYNE	106 MUSCOVY LANE	CEDAR PARK TX 78613

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REINSTATEMENT
08-10

11. E-mail Address: _____ (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 608.508, 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: Margaret Alleyne Date: 4.2.10 Daytime Phone # 530-301-2020

N. Gallagher APR 14 2010