

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 DEC -7 PM 12:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
 COMPANY
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L95000000750

1. Limited Liability Company's Name

EVENT CONCEPTS AND SERVICES, L.C.

000112931980

2. Principal Office Address - No P.O. Box #
 437 Madison Avenue

3. Mailing Office Address
 437 Madison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 New York, NY

City & State
 New York, NY

Zip
 10022

Country
 USA

Zip
 10022

Country
 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
 To Do Business in Florida

10/02/1995

6. FEI Number

582217225

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
 for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
 The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

Suite, Apt. #, Etc.
 Suite 105

City
 Tallahassee

State
 FL

Zip Code
 32301

☐ 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

[Signature]

Troy Todd
 as its agent

Date

12/6/2007

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
MBR	Schmidt & Kaiser Kommunikationsberatung GmbH Germany	437 Madison Avenue	New York, NY 10022
MGR ^M			

REINSTATEMENT

2005-2007

11. 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

[Signature]

Date

12/6/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Deborah E. Zanger



CORPORATION SERVICE COMPANY

L950000000750

ACCOUNT NO. : 072100000032

REFERENCE : 300010 7494108

AUTHORIZATION

COST LIMIT \$ 250.00

FILED
07 DEC -7 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 1, 2007

ORDER TIME : 4:53 PM

ORDER NO. : 300010-085

CUSTOMER NO: 7494108

REINSTATEMENT FILING

BK

NAME: EVENT CONCEPTS AND SERVICES,
L.C.

RECEIVED
07 DEC -7 AM 8:46
REPT. OF CORP. AFF.
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Unassigned - Ext. 2940

EXAMINER'S INITIALS: _____