



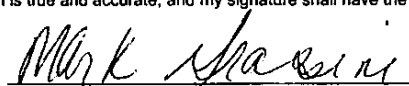
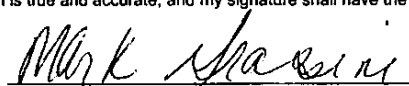
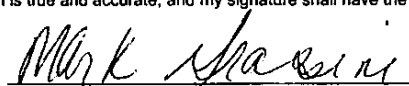


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN 11 PM 4:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900062111649 12/13/05--01023--005 **297.50 CR2E081 (8/05) 03-06																													
DOCUMENT # N32498 1. Corporation Name International Special Events Society <div style="text-align: right; margin-right: 100px;">W05-54792</div>																																	
2. Principal Office Address 7154 N. University Dr. Suite, Apt. #, etc. #299 City & State Tamarac, FL Zip 33321		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 33-0302596 <div style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name Laura Silverman</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 7154 N. University Dr., #299</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. </td></tr><tr><td>City Tamarac</td><td>State FL</td></tr><tr><td colspan="2">Zip Code 33321</td></tr></table>						Name Laura Silverman		Street Address (P.O. Box Number is Not Acceptable) 7154 N. University Dr., #299		Suite, Apt. #, Etc. 		City Tamarac	State FL	Zip Code 33321																			
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent </td><td style="width: 40%;">Date 12/7/05</td></tr><tr><td colspan="2" style="text-align: center;">REGISTERED AGENT MUST SIGN</td></tr></table>						Signature of Registered Agent 	Date 12/7/05	REGISTERED AGENT MUST SIGN																									
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>Wichita Villacres</td><td>5410 SW 130th Ave.</td><td>Ft. Lauderdale, FL 33330</td></tr><tr><td>VP</td><td>Mark Grassini</td><td>1704 SW 13 St.</td><td>Ft. Lauderdale, FL 33312</td></tr><tr><td>VP</td><td>Jamie Oristano</td><td>1177 Sawgrass Corporate Pkwy.</td><td>Sunrise, FL 33323</td></tr><tr><td>VP</td><td>Phyllis Cambria</td><td>2250 Seagrape Circle</td><td>Coconut Creek, FL 33066</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Wichita Villacres	5410 SW 130th Ave.	Ft. Lauderdale, FL 33330	VP	Mark Grassini	1704 SW 13 St.	Ft. Lauderdale, FL 33312	VP	Jamie Oristano	1177 Sawgrass Corporate Pkwy.	Sunrise, FL 33323	VP	Phyllis Cambria	2250 Seagrape Circle	Coconut Creek, FL 33066								
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: </td><td style="width: 20%;">Date 12/8/05</td><td style="width: 40%;">Daytime Phone # 954-895-7536</td></tr><tr><td colspan="3" style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td></tr></table>						SIGNATURE: 	Date 12/8/05	Daytime Phone # 954-895-7536	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																								
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