2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 21 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03/22/2005 REIN-P CR2E098 (6/04) 84-05

DOCUMENT # P01000052735

1. Entity Name
GILBERT EXPOSITION MANAGMENT SERVICES, INC.

Principal Place of Business	Mailing Address
11461 S ORANGE BLOSSOM TRAIL STE 5 ORLANDO, FL 32837	11461 S ORANGE BLOSSOM TRAIL STE 5 ORLANDO, FL 32837

2. Principal Place of Business	3. Mailing Address
1134 Central Florida Parkway	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32837 / Country	Zip / Country

4. FEI Number: 59-3543480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEN, JOHN
2314 HOLLY RIDGE DR.
OCOEE, FL 34761

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John Gillen 3/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GILBERT, KEN 11461 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300049556443 03/31/05--01004--023 **300.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Gilbert Kenneth Gilbert, Pres, 3/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-438-3002