P01000100108

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -8 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100108

1. Corporation Name

EVENT SERVICES & SUPPORT, INC

2. Principal Office Address	3. Mailing Office Address
505 NE 3rd ST.	505 NE 3rd ST.
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc. # 200
City & State DELRAY BEACH, FL	City & State DELRAY BCH., FLORIDA
Zip 33483 Country PALM BEACH	Zip 33483 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 10-15-2003

5. FEI Number 65-1143634 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PETER K. SMITH

300038019893
06/16/04--01054--004 **30.00

Street Address (P.O. Box Number is Not Acceptable): 106 1ST LANE

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS | State: FL | Zip Code: 33418

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.

Signature of Registered Agent _____ Date 6-8-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PETER K. SMITH	106 1ST LANE	PALM BCH GARDENS, FL 33418
VD	MAMA MUNRO	7120 NW 44 CT	LAUDERHILL, FL 33319
		REINSTATEMENT 2003-2004	

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.

SIGNATURE: _____ 6-8-04 561-330-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 8, 2004

Florida Dept. of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl 32399
Attn: Buck Cohr

Dear Mr. Cohr:

As per our telephone conversation please accept the faxed reinstatement form for Event Services & Support, Inc. Our Company did not receive the 2003 Annual Report.

If you should have any questions, feel free to contact me at 561-330-2220.

Sincerely,

Maria Munro
Vice President

505 NE 3rd Street Suite 200
Delray Beach, Fl 33483
Tel: 001.561.276.3136 Fax: 001.561.330.2226