

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000110287

Entity Name: EXHIBITOR SERVICES, INC.

FILED
Oct 25, 2005
Secretary of State

Current Principal Place of Business:

2886 SW VITTORIO ST
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2886 SW VITTORIO ST
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-0294820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEEDE, SHANNON M
2886 SW VITTORIO ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SHANNON STEEDE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: STEEDE, SHANNON
Address: 2886 SW VITTORIO ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TD () Delete
Name: STEEDE, SHANNON
Address: 2886 SW VITTORIO ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP () Delete
Name: STEEDE, RHONDA
Address: 2886 SW VITTORIO ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON STEEDE

PS

10/25/2005

Electronic Signature of Signing Officer or Director

Date