PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 21 AM 7:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P20627

1. Corporation Name
REITHOFFER SHOWS, INC.

WQ97-8010

Principal Place of Business	Mailing Address
2520 N.E. 34TH COURT ~~GIBONSTON FL 33534~~	9022 WIGGINS ROAD GIBSONTON FL 33534 US

REINSTATEMENT 95-97 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	B.G. Stephenson, Ltd. Suite, Apt. #, etc. 4157 Chain Bridge Road
City & State Gibsonton Point, FL	City & State Fairfax, Virginia
Zip 33064	Country USA
	Zip 22030
	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/25/1988

5. FEI Number: 52-0690094 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	REITHOFFER, P.E. III	12308 169TH CT.	JUPITER FL 33478
V	REITHOFFER, RICHARD H.	9022 WIGGINS RD.	GIBSONTON, FL. 33534
S	REITHOFFER, MARIANNE	9022 WIGGINS RD.	GIBSONTON, FL. 33534
D	REITHOFFER, P.E. JR.	2520 N.E. 34TH COURT	LIGHTHOUSE PT. FL 33064
D	REITHOFFER, BETTE A.	2520 N.E. 34TH COURT	LIGHTHOUSE PT. FL 33064
			800002152108--5 -04/23/97--01077--018 ***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

~~PENSON, ALBERT CRAIG~~
~~1004 DESOTO DRIVE~~
~~TALLAHASSEE FL 32301-4555~~

9. Name and Address of New Registered Agent

Name: Albert Craig Penson
Street Address (P.O. Box Number is Not Acceptable): 701 East Tennessee Street
Suite, Apt. #, Etc.:
City: Tallahassee | State: FL | Zip Code: 32308

CR2E040 (6/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Albert C. Penson Date: 11/12/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: P.A. Reithoffer III 2/9/97 (703)591-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #