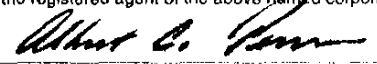
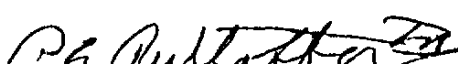


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.		REINSTATEMENT 95-97																																			
Principal Place of Business 2520 N.E. 34TH COURT GIBSONTON, FL 33534																																					
Mailing Address 9022 WIGGINS ROAD GIBSONTON, FL 33534 US		DO NOT WRITE IN THIS SPACE																																			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country 33064 USA		3. New Mailing Office Address, if Applicable B.G. Stephenson, Ltd. Suite, Apt. #, etc. 4157 Chain Bridge Road City & State Fairfax, Virginia Zip Country 22030 USA		4. Date Incorporated or Qualified To Do Business in Florida 08/25/1988																																	
5. FEI Number 52-0690094		Applied For Not Applicable		CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status																																	
6.		7. 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 style="width: 5%;">1</th> <th style="width: 35%;">2</th> <th style="width: 35%;">3</th> <th style="width: 25%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>REITHOFFER, P.E. III</td> <td>12308 169TH CT.</td> <td>JUPITER FL 33478</td> </tr> <tr> <td>V</td> <td>REITHOFFER, RICHARD H.</td> <td>9022 WIGGINS RD.</td> <td>GIBSONTON, FL. 33534</td> </tr> <tr> <td>S</td> <td>REITHOFFER, MARIANNE</td> <td>9022 WIGGINS RD.</td> <td>GIBSONTON, FL. 33534</td> </tr> <tr> <td>D</td> <td>REITHOFFER, P.E. JR.</td> <td>2520 N.E. 34TH COURT</td> <td>LIGHTHOUSE PT. FL 33064</td> </tr> <tr> <td>D</td> <td>REITHOFFER, BETTE A.</td> <td>2520 N.E. 34TH COURT</td> <td>LIGHTHOUSE PT. FL 33064</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 800002152108--5 -04/23/97--01077--018 ***1080.00 ***1080.00 </td> </tr> </tbody> </table>						1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	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			
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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																																		
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  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:  2/9/97 (703) 591-2470																																					

CP20040 (8/95)