PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 SEP 26 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000071893**

1. Corporation Name
Florida Exposition Services, Inc.

2. Principal Office Address	3. Mailing Office Address
19675 Tarocco Lane	same as 2.
Suite Apt = etc	Suite Apt = etc
City & State: Riverside, CA	City & State
Zip: 92508 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/1995

5. FEI Number: 582218069 ☐ 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: Robert A. Vigh

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***1200.00 ****1200.00

Street Address (P.O. Box Number is Not Acceptable): 1702 N. Florida Ave.

Suite Apt = Etc

City: Tampa State: FL Zip Code: 33602

8. I being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0505 or 617.0505 F.S.

Signature of Registered Agent: Robert A Vigh (REGISTERED AGENT MUST SIGN) Date: SEPTEMBER 18, 2000

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
D	MCGARRY, JAMES F	19675 TAROCCO LANE	RIVERSIDE, CA 92508

REINSTATEMENT 97-00 TS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for under chapter 607 or 617, F.S. I further certify that when no 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 non-profit listed on this form do not disqualify 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

800-428-0123

SIGNATURE: JAMES MCGARRY 9-9-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone -