

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # **P45000071893**

1. Corporation Name

FLORIDA EXPOSITION SERVICES, INC.

REINSTATEMENT 01-03

2. Principal Office Address

19675 TAROCCO LANE

Suite, Apt. #, etc.

City & State

RIVERSIDE, CA

Zip

92508

Country

3. Mailing Office Address

19675 TAROCCO LANE

Suite, Apt. #, etc.

City & State

RIVERSIDE, CA

Zip

92508

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1995

5. FEI Number

582218069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700024773327
11/18/03--01008--010 **1050.00

7. Name and Address of Current Registered Agent

Name

ROBERT A. VIGH

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 617.0503, F.S.

Signature of
Registered Agent

Robert A. Vigh (Robert A. Vigh)

REGISTERED AGENT MUST SIGN

Date 10/15/03

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	JAMES F. MCGARRY	19675 TAROCCO LANE	RIVERSIDE, CA 92508

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-2003

800-428-0123

CR2E081 (10/02)