

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000008079

1. Corporation Name

Special Event Services, Inc.

2. Principal Office Address

413 Oak Place

3. Mailing Office Address

Same

Suite, Apt. #; etc.

Unit 5-F

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Zip

32127

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/1999

5. FEI Number

59-3555722

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

Tim Stamper

Street Address (P.O. Box Number is Not Acceptable)

1371 Scarlett Trail

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

REGISTERED AGENT MUST SIGN

Date

1/15/03

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
Pres	Tim Stamper	1371 Scarlett Tr.	New Smyrna Beach, FL 32127

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

1/15/03

Daytime Phone #

386-760-5614

CR2E081 (10/02)

2/1/22



Special Event Services Inc.

January 2, 2003

Department of State,

I talked to a representative about reinstating my corporation and was instructed to send 450.00 for the 3 years I have been dissolved. This amount was based on the fact that I had not received notice do to a business relocation in 2001. Thank you for your help.

**Tim Stamper
Special Event Services, Inc.**

413 Oak Place Unit 5-F • Port Orange, Fl 32127 • Tele (386)760-6111

Fax (386)760-6143

Cell 386 299-6250 • Email TIMSTAMP@aol.com

www.iamevents.com

This message is the property of Special Event Services, Inc. or its affiliates. It may be legally privileged and/or confidential and is intended only for the use of the addressee(s). No addressee should forward, print, copy, or otherwise reproduce this message in any manner that would allow it to be viewed by any individual not originally listed as a recipient. If the reader of this message is not the intended recipient, you are hereby notified that any unauthorized disclosure, dissemination, distribution, copying or the taking of any action in reliance on the information herein is strictly prohibited. If you have received this communication in error, please immediately notify the sender and delete this message.

Thank you.