

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 11:15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000007128

1. Corporation Name

PASSAGE EVENTS & PROMOTIONS, INC.

2. Principal Office Address - No P.O. Box #

800 MAYNARD AVENUE S

Suite, Apt. #, etc.

SUITE 100

City & State

SEATTLE, WA

Zip

98134

Country

USA

3. Mailing Office Address

800 MAYNARD AVENUE S

Suite, Apt. #, etc.

SUITE 100

City & State

SEATTLE, WA

Zip

98134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/17/2004

5. FEI Number
91-1178923

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

CT CORPORATION SYSTEMS

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date 04/16/2008

REGISTERED AGENT MUST SIGN Liezel Barraca, Assistant Secretary

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
C	GILBERT SCHERER	800 MAYNARD AVENUE S	SEATTLE, WA 98134
P/D	DEREK DRAKE	800 MAYNARD AVENUE S	SEATTLE, WA 98134
T/V/D	PAUL BENEDETTO	800 MAYNARD AVENUE S	SEATTLE, WA 98134
S/V	LINDA NAISMITH	800 MAYNARD AVENUE S	SEATTLE, WA 98134

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 contained in Chapter 119, 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]

PAUL BENEDETTO

4-6-08

206-219-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 05-28
B4/30/08
COR2E08 (12/07)

04/23/08-01046-014 **1200.00