

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 SEP -2 PM 3:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **M71946**

1. Corporation Name
TAMPA BAY STAGE Services, Inc.

Principal Place of Business Mailing Address
**1211 N. Westshore Blvd, Suite 509
 Tampa Fl. 33607**

000002285080--4
 -03/04/97--01030--016
 ****915.00 ****915.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|------------------------------------------------|--|----------------------------------------------|--|-------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3/07/1988 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-2872227 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT

| 7. Names and Street Addresses of Each Officer and Director (List at least 3 Directors) | | | |
|----------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------|----------------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| DS | Gregory V Elenia | 8603 N Gomez Ave | Tampa Fl. |
| DM | Paul Paleveda | 4307 Watrous Ave | Tampa Fl. 33629 |
| DP | Terry McCann | 1516 Kestrel way | Brandon Fl. |
| DT | Elizabeth BASKETT | 5049 Drift Tide Drive | New Port Richey, Fl. 34652 |
| DV | Tim Paleveda | 4018 Palmira St | Tampa Fl 33629 |
| D | DEAN Dropin | P.O. Box 23092 VA | Tampa Fl. 33623 |

| | | | |
|---------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| DAVID L JONES JR. DAVID L JONES JR. 4023 W Armenia Ave Suite 300 Tampa Fl. 33607 | | Name Elizabeth BASKETT Street Address (P.O. Box Number is Not Acceptable) 1211 N Westshore Blvd Suite 509 Suite, Apt. #, Etc. City Tampa Fl State FL Zip Code 33607 | |

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 Elizabeth BASKETT REGISTERED AGENT MUST SIGN Date 8-25-97

11. 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.)

12. 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: Elizabeth BASKETT Elizabeth BASKETT Date 8-26-97 (813) 289-8469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (12/96)