

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

171946

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--01090--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

3/07/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2872227

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Do NOT use Post Office Box Numbers)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT use Post Office Box Numbers)	City / State / Zip 4
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 1/A	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 8-26-97 (813) 289-8469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (12/96)