

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 MAY -4 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001868

1. Corporation Name

STADIUM TASK FORCE, INC.

Principal Place of Business

100 N. TAMPA ST.
SUITE 2960
TAMPA FL 33602

Mailing Address

P.O. BOX 420
TAMPA FL 33601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

~~400 N. Ashley Drive~~ **BAB**

City & State
Tampa FL

Zip
33602

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~P.O. Box 1288~~

City & State
Tampa FL

Zip
33601

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1995

5. FEI Number

59-3320721

Applied For

Not Applicable

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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CD CD	DARNELL, DAVID Darnell, David	100 N. TAMPA ST. 100 N. Tampa Street	TAMPA FL 33602 Tampa FL 33602
PD	BARBER, DON	401 E. JACKSON ST., #2100	TAMPA FL 33602
STD	JOHNSON, WILLIAM C	100 N. TAMPA ST., SUITE 2960 2254 Coffee Pot	TAMPA FL 33602 St Petersburg FL 33704
			800002513338--2
			-05/06/98--01069--003
			****236.25 ****236.25
			REINSTATEMENT 9/7/98

8. Name and Address of Current Registered Agent

BARTON, BERNARD A JR.
400 N. ASHLEY DR.
SUITE 2300
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002513338--2

05/06/98 State 129 Code 004

******61.25 FL ****61.25**

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

B.A. Barton

REGISTERED AGENT MUST SIGN

Date **4/29/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

William C Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98

Date

(813) 894-3231

Daytime Phone #

CR25040 (8/97)