

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N97000003474

1. Corporation Name

CENTRE STAGE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 7475
ST. PETERSBURG FL 33734-7475

POST OFFICE BOX 7475
ST. PETERSBURG FL 33734-7475

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	
		410 Elend, 2565 Deer Run E		06/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		Clearwater, FL		59-3472001	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33761	US		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	SCHUMACHER, MICHELLE	8922 ANTIGUA DRIVE	LARGO FL
DV	TUCKER, JASON	4295 BIRCH ST NE	ST PETERSBURG FL 33703
DT	ELEND, BEVERLY	2565 DEER RUN EAST	CLEARWATER FL 33761

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8. Name and Address of Current Registered Agent

SCHUMACHER, MICHELLE
8922 ANTIGUA DRIVE
LARGO FL 33777

9. Name and Address of New Registered Agent

Name: ~~S. Elend, Beverly~~
~~Schumacher Michelle~~
Street Address (P.O. Box Number is Not Acceptable)
2565 Deer Run East
Suite, Apt. #, Etc.
City: Clearwater State: FL Zip Code: 33761

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

Beverly M. Elend
REGISTERED AGENT MUST SIGN

Date 12/19/00

11. 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

Beverly M. Elend

12/19/00

Date

727-796-7613

Daytime Phone #