

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


08-10

REINSTATEMENT

600177735696
04/26/10--01067--022 **450.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707000133225

1. Corporation Name
STADIUM VENTURES INC.

2. Principal Office Address - No P.O. Box # <u>2302 North Dale Mabry Hwy (SAME)</u>		3. Mailing Office Address <u>(SAME)</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TAMPA, FLORIDA</u>		City & State <u>(SAME)</u>	
Zip <u>33607</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida Dec. 19, 2007

5. FEI Number 26-1615231 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 MICHAEL N. LYGNOS

Street Address (P.O. Box Number is Not Acceptable)
2302 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

City TAMPA State FL Zip Code 33607

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 4/22/10

REGISTERED AGENT MUST SIGN

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
<u>DPS</u>	<u>Michael N. LYGNOS</u>	<u>2302 N. Dale Mabry Hwy</u>	<u>TAMPA, FL 33607</u>

M. MILLIGAN EXAMINER

MAY - 4 2010

10. E-mail Address: marine.law@msr.com
(To be used for future annual report notification)

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. I further certify, 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] Date 4/22/10 (813)873-7296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #