

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 DEC -6 PM 12: 18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P12311**

1. Corporation Name

CONCERT CONCESSIONS CORP.

Principal Place of Business

2020 UNION ST
 2020 UNION ST
 SAN FRANCISCO CA 94123
 US

Mailing Address

2020 UNION ST
 2020 UNION ST
 SAN FRANCISCO CA 94123
 US

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

2. New Principal Office Address, If Applicable

1951 Fairway Dr
 Suite, Apt. #, etc.
 San Leandro, CA
 City & State,

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
 City & State

Zip **94577**

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/26/1986

5. FEI Number

94-0018128

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|------------------------|
| CD | GENDA, KEVIN P | 2 WISCONSIN CIR #700 | CHEVY CHASE MD |
| PCED | TICE, DONN | 2 WISCONSIN CIR #700 | CHEVY CHASE MD |
| VTGF | GUSSEN, PHILIP M | 100 HARRISON ST | SAN FRANCISCO CA 94105 |
| Treasury | MEHTA, Preeti | 1951 Fairway Dr. | San Leandro, CA 94577 |
| SVPC | WOODS, JOHN F | 2 WISCONSIN CIRCLE, SUITE 700 | CHEVY CHASE MD 20815 |
| D | FEDER, WARREN H | 2 WISCONSIN CIR #700 | CHEVY CHASE MD |

000003070180-9
 -12/14/99--01104--010
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Eddie Lim, Controller

Date

REGISTERED AGENT MUST SIGN

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:

Eddie Lim Controller

11/24/99

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #