PLEASE READ ALL I STRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CORPORATION REINSTATEMENT

DOCUMENT # P94000075483

1. Corporation Name

STAGE SYSTEMS, INC.

2. Principal Office Address	3. Mailing Office Address
312 S. Dixie Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Pompano Beach, FL	
Zip / Country	Zip / Country
33060 USA	

REINSTATEMENT 9/6-01

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1994

5. FEI Number: ~~650547649~~ 650546699 — 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: Kathryn Clark

900004575409--4
-09/07/01--01099--028
***1500.00 ***1500.00

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

Suite, Apt. #, Etc.: 11940 NW 4th Street

City: Plantation, FL — State: FL — Zip Code: 33325

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: Kathryn Clark — REGISTERED AGENT MUST SIGN — Date: 8/30/01

CR2E081 (4/97)

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
D,	Kathryn Clark	11940 NW 4th St.	Plantation, FL 33325
P, VP	Kathryn Clark	11940 NW 4th St.	Plantation, FL 33325
S, T	Kathryn Clark	11940 NW 4th St.	Plantation, FL 33325
			LS

10. 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: Kathryn Clark — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KATHRYN CLARK — Date: 8/30/01 — Daytime Phone #

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