

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC -3 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031643

1. Corporation Name **BACKSTAGE MERCHANDISING**

Principal Place of Business
**404 Washington Ave
#680
MIAMI BEACH FL 33139**

Mailing Address
**404 Washington Ave
#680
MIAMI BEACH FL 33139**

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. **N/A**

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **N/A**

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 11, 1996

5. FEI Number

65-0741572

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
P	CLIFTON DILLON	404 WASHINGTON AVE	MIAMI BEACH FL 33139

**200002373632--3
-12/16/97--01078--004
****165.00 ****165.00**

8. Name and Address of Current Registered Agent

**Shana Henriques
404 Washington Ave Suite 680
Miami Beach, FL 33139**

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFTON DILLON

10/30/97
Date

305-531-7755
Daytime Phone #



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October 30th, 1997

Reinstatement Department
Division of Corporations
P.O. Box 6327
Tallahassee FL. 32314


To Whom It May Concern:

It has been brought to my attention that Backstage Merchandising was recently dissolved. Unfortunately my company did not receive the annual return application, therefore I am kindly asking for it to be reinstated at the original annual fee of \$165.00 (One Hundred & Sixty Five).

I have enclosed both the check and the reinstatement form for your approval.

Thank you in advance.

Sincerely,


Stacy-Ann Walker
Accountant