

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 AM 9 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105963

1. Corporation Name

TAMPA STADIUM SUITE, INC.

2. Principal Office Address

611 West Bay Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

611 West Bay Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/98

5. FEI Number

59-3490446

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

Mandell Shimberg

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

611 West Bay Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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

Mandell Shimberg
REGISTERED AGENT MUST SIGN

Date

10/21/04

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	Mandell Shimberg	611 West Bay Street	Tampa, FL - 33606
D	James H Shimberg	611 West Bay Street	Tampa, FL - 33606
D	Steve Buckley	11540 Highway 92 East	Seffner, FL 33584
D	Michael Valdez	3307 W. San Nicholas St	Tampa, FL 33629
			000042196550 10/26/04--01087--004 **750.00

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)(l), 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:

Mandell Shimberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

813/254-7567

Daytime Phone #

CR2E081 (01/04)