

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
99 OCT 19 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035295

1. Corporation Name

CENTER STAGE CONCERTS 'N EVENTS, INC.

Principal Place of Business

Mailing Address

5 TIDEWATER DRIVE  
ORMOND BEACH FL 32174

5 TIDEWATER DRIVE  
ORMOND BEACH FL 32174

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/16/1998

5. FEI Number

59-3578635

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROJAS, MANUEL J	5 TIDEWATER DRIVE	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

LOWRY, ARCHIE O JR.  
POTTER, CLEMENT & LOWRY  
308 EAST FIFTH AVENUE  
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name  
CELESTE A. ROJAS  
Street Address (P.O. Box Number is Not Acceptable)  
5 TIDEWATER DRIVE  
Suite, Apt. #, Etc.  
City  
ORMOND BEACH  
State  
FL  
Zip Code  
32174

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

Celeste A. Rojas

REGISTERED AGENT MUST SIGN

Date

10/15/99

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.

KE

SIGNATURE:

M. J. Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99

Date

Daytime Phone #

(904) 405-6555