

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075216

1. Corporation Name

Second Stage Productions, Inc

REINSTATEMENT 02

800009351088
12/04/02--01053--002 **750.00

2. Principal Office Address 2343

~~P.O. Box 852 Cincinnati~~

3. Mailing Office Address

P.O. Box 852

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

261-92-3598

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

Ron Holman

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

2343 Cincinnati Av

Suite, Apt. #, Etc.

City

Panama City, FL 32405

State
FL

Zip Code

32405

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

Ron Holman

REGISTERED AGENT MUST SIGN

Date 2 Dec 02

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
Director	Ron Holman	2343 Cincinnati Av	Panama City, FL 32405

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:

Ron Holman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Dec 02

Date

850-763-7362

Daytime Phone #

CR2E081 (9/01)