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APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000058811

1. Corporation Name

STAGEDOOR CAFE, INC.

Principal Place of Business

Mailing Address

304 S.W. 2ND ST.
FT. LAUDERDALE FL 33312304 S.W. 2ND ST.
FT. LAUDERDALE FL 33312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1999

5. FEI Number

65-0933309

Applied For

Not Applied

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PACKARD, MARY	304 S.W. 2ND ST.	FT. LAUDERDALE FL 33312

600003471886--0
-11/21/00--01025--014
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PACKARD, MARY
304 S.W. 2ND ST.
FT. LAUDERDALE FL 33312

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

Mary Packard

Date 10/4/00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

MARY PACKARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/4/00 954-728-8684

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10/4/00

To Whom It May Concern: (Story)

As per our conversation I stated that I did not receive the notice for filing my 2000 Annual Corporation Report in Jan 1999 or June 1999.

I was in the Hospital in Nov. 1999 with a spinal virus (Transverse Myelitis) and out for several months. The notification may have come but it was not passed along to me.

Thanking You For Your Understanding

Sincerely Yours,
Mary Rackard
Stage Door Cafe
954. 728. 8684