

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 11 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109331

1. Corporation Name

STAGE PROMOTIONS, INC.

Principal Place of Business

3632 SHAMROCK WEST
TALLAHASSEE FL 32308

Mailing Address

2910 KERRY FOREST PKWY
UNIT D4 - 148
TALLAHASSEE FL 32302 9

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

59-3634460

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 3	City / State / Zip 4
D	BOWER, JOHN W	6016 OX BOTTOM MANOR DRIVE	TALLAHASSEE FL 32312
D	BOWER, MELEND A R.	6016 OX BOTTOM MANOR DRIVE	TALLAHASSEE FL 32312
			200004960592-4 -02/20/02--01047--005 ****750.00 ****750.00
			200004960592--4 -02/20/02--01047--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MCCAFFREY, PATRICK M
112 EAST THIRD AVENUE
TALLAHASSEE FL 32303

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

Patrick M. McCaffrey
REGISTERED AGENT MUST SIGN

Date 05 NOV 01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Bower

10/31/01

Date

850-668-7060

Daytime Phone #

CR2E040 (8/01)