

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 27 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000109331

1. Corporation Name

Stage Promotions, Inc.

2. Principal Office Address - No P.O. Box #

4786-A Woodlane Circle

Suite, Apt. #, etc.

3. Mailing Office Address

2910 Kerry Forest Parkway

Suite, Apt. #, etc.

Unit D4-148

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32303

Country

USA

Zip

32309

Country

USA

7. Name and Address of Current Registered Agent

Name

Brian Armstrong

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

7025 Lake Basin Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

REGISTERED AGENT MUST SIGN

Date

2/20/08

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
<u>President</u>	<u>John Bower</u>	<u>6016 OX Bottom Manor Drive</u>	<u>Tallahassee, FL 32312</u>
<u>V. President</u>	<u>Melenda Bower</u>	<u>6016 OX Bottom Manor Drive</u>	<u>Tallahassee, FL 32312</u>

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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 contained in Chapter 119, 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:

John W. Bower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/08

Daytime Phone #

(850) 668-7050

B. Mitchell FEB 27 2008