

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 12 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mmw8
11-12-96

DOCUMENT # **N95000004138**

1. Corporation Name
CONTEMPORARY DANCE COMPANY OF BOCA RATON, INC.

Principal Place of Business 2424 N. FEDERAL HWY., STE. 314 BOCA RATON FL 33431	Mailing Address 2424 N. FEDERAL HWY., STE. 314 BOCA RATON FL 33431
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REINSTATEMENT 1996

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 08/29/1995
5. FEI Number 31-1467591
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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 Office; and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GOODNOUGH, SANDRA	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
D	BRAVATA, JULE	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
D	LILLIS, TIM	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
			500002005415--6 -11/15/96--01009--007 ****236.25 ****236.25

8. Name and Address of Current Registered Agent GOODNOUGH, SANDRA 2424 N. FEDERAL HWY., STE. 314 BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suits, Apt. #, Etc. City State FL Zip Code
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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: *Sandra Goodnough* Date: *11/8/96*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Sandra Goodnough* Date: *11/8/96* (561) 477-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C325-01 (7/95)