

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
DELETED
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 5:20

DOCUMENT # **N95000004862**

1. Corporation Name

SHAKE-A-LEG MIAMI, INC.

Principal Place of Business

2600 S BAYSHORE DRIVE
 MIAMI FL 33133

Mailing Address

2600 S BAYSHORE DRIVE
 MIAMI FL 33133

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

4. Date Incorporated or Qualified
 To Do Business in Florida

09/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0611917

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAUK, WILLIAM	7600 CORPORATE CENTER DR.	MIAMI FL 33126
D	GREEN, BARTH	620 SABAL PALM RD.	MIAMI FL 33137
T	ROSENBERGER, ROGER	14500 SW 94 CT.	MIAMI FL 33176
P	HORGAN, HARRY R.	7901 SW 50 CT	MIAMI FL
D	REVELL, WALTER L.	3770 SW 8TH ST., SUITE 200	CORAL GABLES FL 33114
D	PAGAN, LUIS	1625 S BAYSHORE DR	MIAMI FL 33133

8. Name and Address of Current Registered Agent

REVELL, WALTER L.
 % H. J. ROSS ASSOCIATES, INC.
 3770 SW 8TH STREET, SUITE 200
 CORAL GABLES FL 33134-6011

9. Name and Address of New Registered Agent

Name **HARRY R. HORGAN**
 Street Address (P.O. Box Number is Not Acceptable)
7901 SW 50 COURT
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33143**

CRE2000 (8/01)

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.

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*****70.00 *****70.00

Date 10/16/01

Signature of Registered Agent

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

305-858-5550

Date

Daytime Phone #

SHAKE-A-LEG Miami

Forward thinking programs for the physically challenged.

October 16, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that as of today we have not received the renewal application for The Florida Department of State. We believe that because of the renovation process, moving to temporarily trailers and our mail relocation we did not receive the packet.

Enclosed you will find our renewal form along with a check for \$70 made out to the Department of State.

I apologize for any inconvenience. If you have any questions, please feel free to call me at 305-858-5550.

Sincerely,



Harry R. Horgan
Executive Director

