

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

**FILED**  
**Mar 26, 2003 8:00 A.M.**  
**Secretary of State**

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P9700003487D  
 1. Corporation Name  
 Sunshine State Dancesport, Inc

2. Principal Office Address 6801 Erica Lane Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State FL	
Zip 34243	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0747874	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  8375. Additional fee required for Certificate of Status

REINSTATEMENT 98-03

7. Name and Address of Current Registered Agent

Name: Michael Reichenbach  
 Street Address (P.O. Box Number is Not Acceptable): 13050 A 91st St, N.  
 Suite, Apt. #, etc.  
 City: Largo  
 State: FL Zip Code: 33773

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: 3/24/03  
 REGISTERED AGENT MUST SIGN

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
Pres	Patrick Johnson	6801 Erica Lane	Sarasota, FL 34241
Dir	Michael S. Reichenbach	13050 A 91st St.	Largo, FL 33773

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 under section 119.07(3)(f), 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: Michael S. Reichenbach *[Signature]* 725-596-1611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Title Daytime Phone #

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