2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 17, 2008
Secretary of State

DOCUMENT# 751806

Entity Name: KEY WEST DANCE THEATRE, INC.

Current Principal Place of Business:

1108 18TH STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1108 18TH STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2017266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYER, ALLISON T
1108 18TH STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLISON T MAYER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MAYER, ALLISON T
Address: 1108 18TH ST
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: MAYER, ALLISON TRADU, P
Address: 1108 18TH ST
City-St-Zip: KEY WEST, FL

Title: VCD ( ) Delete
Name: MAYER, ALLISON TRADUP
Address: 1108 18TH ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON T MAYER D 11/17/2008
Electronic Signature of Signing Officer or Director — Date