


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003091 1. Entity Name DANCE OLYMPICS INC.	
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FILED
 04 NOV 16 AM 9:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1795 EXPRESS DR. NORTH SMITHTOWN, NY 11787	Mailing Address 1795 EXPRESS DR. NORTH SMITHTOWN, NY 11787
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2. Principal Place of Business <i>1795 EXPRESS DR. N.</i> Suite, Apt. #, etc.	3. Mailing Address <i>1795 EXPRESS DR. N.</i> Suite, Apt. #, etc.
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11022004 REIN-P CR2E098 (6/04)

City & State <i>SMITHTOWN, NY</i>	City & State <i>SMITHTOWN, NY</i>		
Zip <i>11788</i>	Country <i>USA</i>	Zip <i>11788</i>	Country <i>USA</i>

4. FEI Number 11-2352010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STONE, ART 3000 N.E. 30TH PLACE SUITE 410 FT. LAUDERDALE, FL 33339	7. Name and Address of New Registered Agent Name <i>STONE ART</i> Street Address (P.O. Box Number is Not Acceptable) <i>2929 E. COMMERCIAL BLVD.</i> <i>STE. 306</i> City <i>FT. LAUDERDALE, FL</i> Zip Code <i>33308</i>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, ART			NAME			
STREET ADDRESS	6438 N.W. 32ND WAY			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 48787			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, NANCY			NAME			
STREET ADDRESS	6438 N.W. 32ND WAY			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 48787			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

700042782907
 11/16/04--01047--019 **750.00

DR 11/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT Date: *11-12-04* Daytime Phone #: *851-582-2500 ext. 116*