

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003091

1. Entity Name
DANCE OLYMPICS INC.



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



2. Principal Place of Business
1795 EXPRESS DR. N.
Suite, Apt. #, etc.

3. Mailing Address
1795 EXPRESS DR. N.
Suite, Apt. #, etc.

City & State
SMITHTOWN, NY
Zip 11788 Country USA

City & State
SMITHTOWN, NY
Zip 11788 Country USA

11022004 REIN-P CR2E098 (6/04)

4. FEI Number
11-2352010 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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 STONE, ART
Street Address (P.O. Box Number is Not Acceptable)
2929 E. COMMERCIAL BLVD.
STE. 306
City FT. LAUDERDALE, FL Zip Code 33308

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, typed or printed name of registered agent and title if applicable.

(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

TITLE PS
NAME STONE, ART
STREET ADDRESS 6438 N.W. 32ND WAY
CITY-ST-ZIP BOCA RATON, FL 48787 ☐ Delete

TITLE V
NAME STONE, NANCY
STREET ADDRESS 6438 N.W. 32ND WAY
CITY-ST-ZIP BOCA RATON, FL 48787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700042782907
11/16/04--01047--019 **750.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
BR 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: PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-07 631-582-2500 EXT. 146
Date Daytime Phone #