

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 22 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G92602

1. Corporation Name

AMERICAN BALLROOM DANCE STUDIO, INC.

Principal Place of Business

Mailing Address

6020 SAN JOSE BLVD.  
JACKSONVILLE FL 32217

6020 SAN JOSE BLVD.  
JACKSONVILLE FL 32217



REINSTATEMENT 98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
6271 ST. Augustine Rd

3. New Mailing Office Address, if Applicable  
6271 ST. Augustine Rd

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2383054

Applied For

Not Applicable

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32217

Zip  
32217

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PMD	DAVY, BILL	8730 OSPREY LANE	JACKSONVILLE FL
ST	DAVY, JOHN T.	11247 SAN JOSE BLVD	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVY, BILL  
8730 OSPREY LANE  
JACKSONVILLE FL 32217

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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.

Signature of Registered Agent

*Bill Davy*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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:

*Bill Davy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/98  
Date

904-737-4871  
Daytime Phone #

CR2E040 (9/98)