

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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

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

2. New Principal Office Address, if Applicable

60271 ST. Augustine Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

60271 ST. Augustine Rd
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip 32217 Country USA

City & State

Jacksonville FL
Zip 32217 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1984

5. FEI Number

59-2383054

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

DAVY, BILL
8730 OSPREY LANE
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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)(i), 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
REINSTATEMENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/98 904-737-4871

FILED

98 DEC 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR20040 (9/98)