

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H66302**
1. Corporation Name
ZANADJ DANCERS, INC.

Principal Place of Business Mailing Address
3875 PEMBROKE RD. 3875 PEMBROKE RD
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021
US US

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

2. New Principal Office Address, If Applicable
631 BROOKHAVEN DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 561248
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/85

5. FEI Number

59-2568812

Applied For

Not Applicable

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32803 US

Zip Country
32856 US

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	CHERYL BEITLER	631 BROOKHAVEN DR ORLANDO, FL 32803	ORLANDO, FL 32803
			200003083502--7 -12/29/99--01025--016 *****150.00 *****150.00
			LS
			200003083502--7 -12/29/99--01025--017 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHERYL BEITLER 631 BROOKHAVEN DR. ORLANDO, FL 32803 US	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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: **by Cheryl Beitler Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/99
Date

Daytime Phone #