

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 DEC 23 AM 11: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J89740

1 Corporation Name
DANCE SCOPE INC.

Principal Place of Business
30356 OLD DIXIE HIGHWAY
HOMESTEAD FL 33033-3215

Mailing Address
30356 OLD DIXIE HIGHWAY
HOMESTEAD FL 33033-3215



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/28/1987	
City & State		City & State		5. FEI Number	
Zip		Country		59-2853969	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				58.75 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
D	RUSCH, WILLIAM M JR.	28500 SW 177 AVENUE	HOMESTEAD FL
D	RUSCH, DEBRA G.	28500 SW 177 AVENUE	HOMESTEAD FL
			300002039303--6 -12/27/96--01059--001 ****236.25 ****236.25
			300002039303--6 -12/27/96--01059--002 ****138.75 ****138.75

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
RUSCH, DEBRA 30356 OLD DIXIE HIGHWAY HOMESTEAD FL 33030		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: Debra G. Rusch Date: 11-6-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Debra G. Rusch Date: 11-6-96 Daytime Phone #: 245 6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR