

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000000135

1. DOCUMENT # L02000000135

Name and Mailing Address

0004969 01 FP 0.352 **PRSRT T5 0 0615 33614-185621



FRANK REY DANCE STUDIO LLC
3021 WEST WATERS AVE.
TAMPA FL 33614-1856

02 NOV 18 AM 9:00
12/11/19

REINSTATEMENT 2002



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3021 WEST WATERS AVE. TAMPA FL 33614		5. Date Organized or Qualified To Do Business in Florida 12/28/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 02-0532039 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GRANELL, MARY FRANCES L 13325 CAIN RD. TAMPA FL 33625		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11700008789117 11/04/02-01093-003 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Mary Frances Leto Granel</i> Date 11-13-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GRANELL, MARY FRANCES L	13325 CAIN RD	TAMPA, FL 33625
MGRM	BARKER, JEAN MARIE	2812 W. MORRISON AVE	TAMPA, FL 33629
REINSTATEMENT 2002			

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Mary Frances Leto Granel

Date

10-30-02

Daytime Phone

(88)933-9321

Typed or printed name of signing Managing Member/Manager

Mary Frances Leto Granel