


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR 21 AM 9:12

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** LD2000033984

**1. Limited Liability Company's Name**  
 Naples Crystal Ballroom Dance Studio, LLC  
~~2082 Trade Center Way, #101~~ 4000-D Bayshore Dr.  
~~Naples FL 34109~~ NAPLES FL 34112

<b>2. Principal Office Address</b> Same as above		<b>3. Mailing Office Address</b> Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. State/Country of Formation**  
 Florida, USA

**5. Date Organized or Qualified To Do Business in Florida** 12/18/02

**6. FEI Number** 48-1294151 Applied For  Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name Larry D. Saunders

Street Address (P.O. Box Number is Not Acceptable) 2082 Trade Center Way, #101 4000-D Bayshore Dr

Suite, Apt. #, Etc.

City Naples State FL Zip Code 34109 34112

**REINSTATEMENT** 03-05

**9. 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 [Signature] Date 2/17/05

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Larry D. Saunders	2135 Scrub Oak Circle, #202	Naples, FL 34112
MGRM	Robert B. Smeja	300 5th Avenue South, #101-310	Naples, FL 34102

**11. 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 [Signature] Date 2/17/05 Daytime Phone # 239-775-5217

Typed or printed name of signing Managing Member/Manager LARRY D. SAUNDERS

CR2E041 (10/02)