

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095102

FILED
Nov 12, 2008
Secretary of State

Entity Name: MIAMI DANCE THEATRE LLC

Current Principal Place of Business:

8132 SW 119 CT
MIAMI, FL 33183 US

New Principal Place of Business:

10855 SW 72 ST
#25
MIAMI, FL 33173 US

Current Mailing Address:

8132 SW 119 CT
MIAMI, FL 33183 US

New Mailing Address:

10855 SW 72 ST
#25
MIAMI, FL 33173 US

FEI Number: 26-2379408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAAMANO- GONZALEZ, VANESSA
465 OCEAN DRIVE
APT. 804
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VANESSA M. CAAMANO- GONZALEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAAMANO- GONZALEZ, VANESSA
Address: 465 OCEAN DRIVE APT. 804
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: FERREIRA, ROCHELLE
Address: 8132 SW 119 CT
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VANESSA M. CAAMANO- GONZALEZ

MGRM

11/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date