PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** CH ED Sandra B. Mortham FOR Secretary of State 98 MAY 19 PH 1: 40 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L 67954 1. Corporation Name A.K.R. DANCE INC. Principal Place of Business Mailing Address % GARY BELL 56 CIRCLE DRIVE ROCKAWAY, NEW JERSEY 07866 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 Date Incorporated or Qualified
To Do Business in Florida APRIL 25, 1990 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0204566 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) PRES. GARY BELL 56 CIRCLE DRIVE \*\*\*1650.00 \*\*\*1650\_00 REINSTATEMENT --01086---011 \*\*\*\*\*8.75 \*\*\*\*\*\* 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ANNE RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1900 NW 113th AVENUE Suite, Apt. #, Etc. City State Zip Code PEMBROKE PINES 33026 corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the register d agent of the above name Signature of Registered Agont rause MAY 14, 1998 Date REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) No X Yes 🗀 Intangible Personal Property tax due June 30. 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.

GARY BELL, PRESIDENT MAY12, 1998

201-265-6100 Daylime Phone #