FROM :

FAX NO. :

Apr. 26 2002 04:43PM P1

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY -1 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10096

1. Corporation Name

MIAMI DANCE INC

REINSTATEMENT 01-02

900005500559--0
-05/09/02--01048--021
****900.00 ****900.00

2. Principal Office Address	3. Mailing Office Address
2646 NE 189 TERR	2646 NE 189 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01-16-1985

5. FEI Number: 59-2492646 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VLADIMIR ISSAEV

Street Address (P.O. Box Number is Not Acceptable): 17011 N. BAY ROAD

Suite, Apt. #, Etc.: 910

City: N. MIAMI BEACH State: FL Zip Code: 33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VLADIMIR ISSAEV	17011 N BAY RD #910	N. MIAMI BCH FL 33160
D	RUBY ISSAEV	17011 N BAY RD #910	N. MIAMI BCH FL 33160

10. 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: _____ VLADIMIR ISSAEV 04.27.2002 305-935-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MS 5/8/02