

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N-3055

1. Corporation Name

THE DANCE NOW! ENSEMBLE, INC.

2. Principal Office Address

1825 So. Ocean Dr.

Suite, Apt. #, etc.

406

City & State

Hallandale, FL

Zip

33009

Country

USA

3. Mailing Office Address

P.O. Box 416525

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5-09-2000

5. FEI Number

65-1005951

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

LANCE GELLER, Esq.

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Dr.

Suite, Apt. #, Etc.

0-305

City

MIAMI

State

FL

Zip Code

33131

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-29-03

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
D/P	Hannah Baumgartner	1825 S. Ocean Dr. #406 Hallandale, FL 33009	
D/S/T	Diego Salterhi	1688 West Ave., # 305 Miami Beach, FL 33139	
D/VP	Steve Levine	1185 NE 87th Street Miami, FL 33138	
D/VP	Lance Geller	520 Brickell Key Dr. #0-305 Miami, FL 33131	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-03

Date

305/374-3800

Daytime Phone #