PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 JAN -2 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004617

1. Corporation Name

IMANI DANCE PROGRAM FOR YOUTH DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3536 ESTATES RD TALLAHASSEE FL ~~32310~~	3536 ESTATES RD TALLAHASSEE FL ~~32310~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32305 Country	Zip 32305 Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/11/2000

5. FEI Number: [X] Applied For [ ] Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	Jessica Wallace	3536 Estates Rd	Tallahassee, FL 32305
D	Kwame King	1525 McCaskill Ave. #1	Tallahassee, FL 32310
D	Charles Green	1525 McCaskill Ave. #2	Tallahassee, FL 32310
			000004755500--8 -01/07/02--01048--017 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WALLACE, JESSICA 3536 ESTATES RD TALLAHASSEE FL 32310	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jessica K. Wallace SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: Dec. 31, 2001

11. 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: Jessica K. Wallace SIGNATURE REQUIRED Dec. 31, 2001 575-2719

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