

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000006928</b> 1. Entity Name <b>RHYTHMIC HARMONY, INC.</b>			
Principal Place of Business 10383 ORANGEWOOD BLVD ORLANDO, FL 32821		Mailing Address POST OFFICE BOX 690008 ORLANDO, FL 32869	
2. Principal Place of Business <b>16127 Sandhill Rd.</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Garden, FL</b>		City & State	
Zip <b>34787</b>		Country <b>Orange</b>	
4. FEI Number <b>06-1672452</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HOYOS, ALBERTO</b> <b>10383 ORANGEWOOD BLVD</b> <b>ORLANDO, FL 32821</b>		7. Name and Address of New Registered Agent Name <b>Alberto Hoyos</b> Street Address (P.O. Box Number is Not Acceptable) <b>16127 Sandhill Rd.</b> City <b>Winter Garden</b> <b>FL</b> Zip Code <b>34787</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Alberto Hoyos</i> <b>VD</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>10-7-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOYOS, ALBERTO 16127 SANDHILL RD. WINTER GARDEN, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOYOS, SELENA 16127 SANDHILL RD. WINTER GARDEN, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YORK, JULENE 16127 SANDHILL RD. WINTER GARDEN, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Selena Hoyos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>10-7-04</b> DAYTIME PHONE # <b>407-8729690</b>	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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