

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim S. ~~Secret~~ Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007906

1. Corporation Name

DANCE DIASPORA, INC.

Principal Place of Business

Mailing Address

1380 NW 203 ST
MIAMI FL 33169

1380 NW 203 ST
MIAMI FL 33169

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

APPLIED FOR

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
PD	JONES-HOUSTON, YVONNE	1380 NW 203 ST	MIAMI FL 33169
VPD	PEREZ, MARIA D	7360 SW 15 ST	MIAMI FL 33144
SD	DAVIS, DR. CYNTHIA	11300 NE 2 STREET	MIAMI FL 33161
TD	JONES, MS. AGGIE	1380 NW 203 ST	MIAMI FL 33169

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, WILLIAM C ESQ
220 COURTHOUSE PLAZA
28 W FLAGLER ST
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William C Robinson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-30-03

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:

William C Robinson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-03 (305)899-3292

CR2ED40 (8/02)