PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  O4 MAY 10 AM 8:00
DOCUMENT # NO 2000		
Dance Centimit Boosters, Ine	ed Competition	
2. Principal Office Address 4220 AppaloosaRd.	3. Mailing Office Address The Appaleosald	REINSTATEMENT 03-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 8/26/02
Seloning A	City & State Subming FC	5. FEI Number Applied For
Zip Country 33875 High and S	zip country 33875 His Lands	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
Tilly Killy	7. Name and Address of Current Register	for a Certificate of Status
Name Sa Stephenson Street Address (P.O. Box Number is Not Acceptable)  420 Appendosa Rd  Suite, Apt. #, Etc.  05/10/0401026004 **122.50		
Sebring		FL 33 875
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 REGISTERED AGENT MUST SIGN  Date 4/6/01		
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		r City / State / Zip
D Risa Steph	senson 4220 Appalos	sald Sebrig FC 33875
D Doreen Diefend	plant 5310 cal ld	Sebring, PL 33815
D Knis Schmid	7 2802 Duffer	Rd. Soloring it 38872
D. Denise Griffin	135 US 27 (Octh	LakePlacid, FC 338 52
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #		

292

## To Whom it concerns:

I am writing to request a waiver of the \$175 reinstatement fee for my organization, Dance Unlimited Competition Boosters, Inc. I recently took over as president and am trying to get everything updated. Our former president never received the report for 2003 and the rest of us did not realize that this was overdue. Via e-mail, I was told that if I attached a letter to my report that this fee could be waived. I included a check for the amount that I was told to send for our 2003 and 2004 reports. I am new at this, so if there is something that I have not included, please let me know. My address is 4220 Appaloosa Rd., Sebring, FL 33875. My e-mail address is alexand@strato.net.

Thank you so much for your help. Lisa Stephenson