

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND2000007805**

1. Corporation Name

Dedications Dance Academy

2. Principal Office Address

9835 E. Hibiscus St.

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

33157

Country

us

3. Mailing Office Address

9835 E. Hibiscus St.

Suite, Apt. #, etc.

City & State

Miami, FL. 33157

Zip

33157

Country

us

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2002

5. FEI Number

43-198-24-14

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Raymond H. Young Jr.

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

20205 SW 122 Ave #103

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33177

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

7-1-04

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
PCED	Raymond Young	20205 SW 122 Ave #103	Miami, FL 33177
VD	Carlos Malone	8241 SW 183rd St	Miami, FL 33176
STD	Renee Thompson	20205 SW 122 Ave #103	Miami, FL 33177

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

[Signature]

Date

7-1-04 (305) 812-3310

Daytime Phone #

CR2E081 (01/04)