

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 19 PM 12:33

**DOCUMENT # N08000005114**

1. Corporation Name

Holistic Arts Development Center, Inc.

300183426643  
07/19/10--01059--004 \*\*99.14

300183426643  
07/19/10--01059--005 \*\*198.26

2. Principal Office Address - No P.O. Box #

3600 W. Broward Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33312

Country

USA

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05-27-2008

5. FEI Number  
26-2731260

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Marguerita Gayle

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

3600 W. Broward Blvd

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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 June 15, 2010

**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
P	Marguerita Gayle	3600 W. Broward Blvd	Ft. Lauderdale, FL 33312
D	Aunkh Aakhu	3600 W. Broward Blvd	Ft. Lauderdale, FL 33312
D	Enel Major	3600 W. Broward Blvd	Ft. Lauderdale, FL 33312
D	Everton Holligan	3600 w. Broward Blvd	Ft. Lauderdale, FL 33312

REINSTATEMENT

09-10

B 7/21/10

10. E-mail Address: had2dance@excite.com

(To be used for future annual report notification)

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. I further certify 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

6-15-10

Daytime Phone #