## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000009154

Entity Name: ORANGE GROVE DANCE BOOSTER, INC

FILED Nov 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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C/O DANCE DEPARTMENT 3415 16TH STREET TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

C/O DANCE DEPARTMENT 3415 16TH STREET TAMPA, FL 33605

FEI Number: 94-3441850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PCHELINS, DIONNE M
C/O DANCE DEPARTMENT
3415 16TH STREET
TAMPA, FL 33605 US
GUNTHER, HEATHER R
C/O DANCE DEPARTMENT
3415 16TH STREET
TAMPA, FL 33605 US

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.

SIGNATURE: HEATHER R. GUNTHER 11/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: PCHELINS, DIONNE M Name: GUNTHER, HEATHER R

Address: 7304 S. KISSIMMEE STREET Address: 8417 STILLBROOK AVE.
City-St-Zip: TAMPA, FL 33616 City-St-Zip: TAMPA, FL 33615

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MERCADANTE, MARTHA G
 Name:

 Address:
 4510 OLD SAYBROOK AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: TREA (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GRAHAM, SANDRA L
 Name:

 Address:
 909 BALLINGER ROAD
 Address:

 City-St-Zip:
 LUTZ, FL 33548
 City-St-Zip:

Title: SECT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 COOKS, SUZANNE T
 Name:

 Address:
 3304 MORAN ROAD
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER R. GUNTHER PRES 11/04/2009