

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000001381

**FILED**  
**Oct 20, 2013**  
**Secretary of State**

**Entity Name:** CORNERSTONE DANCE, INC.

**Current Principal Place of Business:**

1001 WEST EAU GALLIE BLVD  
UNIT #123  
MELBOURNE, FL 32935

**New Principal Place of Business:**

494 S MAGNOLIA AVE  
MELBOURNE, FL 32935

**Current Mailing Address:**

1001 WEST EAU GALLIE BLVD  
UNIT #123  
MELBOURNE, FL 32935

**New Mailing Address:**

494 S MAGNOLIA AVE  
MELBOURNE, FL 32935

**FEI Number:** 26-4170253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, DEBRA  
1001 WEST EAU GALLIE BLVD  
#123  
MELBOURNE, FL 32935 US

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

POOLE, DEBRA  
494 S MAGNOLIA AVE  
MELBOURNE, FL 32935 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:** DEBRA POOLE

10/20/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** POOLE, DEBRA  
**Address:** 494 S MAGNOLIA AVE  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** D  
**Name:** ANGELO, NIKKI  
**Address:** 1040 DORADO DRIVE  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** D  
**Name:** GIERLING, DAVID  
**Address:** 3020 PASSAIC AVE  
**City-St-Zip:** MALABAR, FL 32950

I hereby 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 all other like empowered.

**SIGNATURE:** DEBRA POOLE

MRS

10/20/2013

Electronic Signature of Signing Officer or Director

Date