PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

62-63

DOCUMENT # **N18255**

1. Corporation Name

FLORIDA INTERNATIONAL BALLET COMPANY,INC.

Principal Place of Business	Mailing Address
7980 CORAL WAY SUITE 29 MIAMI FL 33155 US	63 SW 31 RD MIAMI FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 100030 A61.25
030703 01008 012 12:36:25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: **12/15/1986**

5. FEI Number: **59-2788348** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TOBIO, VIVIAN	63 SW 31 ROAD	MIAMI FL 33129
VD	SAINZ, TOBIO	63 SW 31 ROAD	MIAMI FL 33129
STD	SAINZ, JORGE	265 DESOTO DRIVE	MIAMI FL 33129

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARCIA-TURINO, ROLANDO 1041 N.W. 32ND PL MIAMI FL 33125	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (3/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Rolando Garcia-Turino
REGISTERED AGENT MUST SIGN

Date: 02/28/03

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 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: - VIVIAN TOBIO - PRESIDENT 02/28/03 (305)8544605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #