PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -8 PM 3:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N28400

1. Corporation Name
Pas de Vie, Inc.

600023921696
10/20/03--01004--003 **498.75

2. Principal Office Address	3. Mailing Office Address
1704C Capital Circle NE	1508 Hokolin Nene
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32301-5834 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/88

5. FEI Number: 59-2957585 ☐ 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: Robert Augustus Harper

Street Address (P.O. Box Number is Not Acceptable): 325 West Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-1413

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: _____ Date: 10/07/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/D	Noël Cronin Lawrence	1508 Hokolin Nene	Tallahassee, FL 32301-5834
D	Charles Hagan	2031 Wahalaw Nene	Tallahassee, FL 32301
D	Natalia Botha	2031 Wahalaw Nene	Tallahassee, FL 32301

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 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: _____ Noël Cronin Lawrence 10/06/03 850.878.5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pas de Vie™
BALLET

October 8, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Pas de Vie, Inc. was administratively dissolved in 1996 due to failure to file the required annual report. We would like to be reinstated as a non-profit corporation and are prepared to pay the annual report fee of $ 61.25 for each of the eight years of dissolution for a total of $ 490.00.

We respectfully request a waiver of the reinstatement fee for this non-profit corporation. To the best of our knowledge, we did not receive the annual report request for the year 1996 or any year afterward.

Thank you for your time and attention to this matter.

Sincerely,

Noël Cronin Lawrence
Board President

1508 HOKOLIN NENE • TALLAHASSEE FLORIDA • 32301-5834 • 850.224.0174