


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N33627</b>		
1. Entity Name <b>DANCEARTS FOUNDATION, INC.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 20 PM 2:43

REINSTATEMENT 06-07



Principal Place of Business <b>441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139 US</b>	Mailing Address <b>441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5900 SW 84th Avenue</b>	3. Mailing Address <b>5900 SW 84th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08112007 REIN-NP CR2E099 (1/07)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33143</b>	Country <b>US</b>
Zip <b>33143</b>	Country <b>US</b>

4. FEI Number <b>65-0139010</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SEIDEL, ANDREA M DR. 441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139</b>
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7. Name and Address of New Registered Agent Name <b>Seidel, Andrea M Dr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 SW 84th Avenue</b> City <b>Miami</b> FL Zip Code <b>33143</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Andrea M Seidel 08/14/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMEON, RANDI M <input type="checkbox"/> Delete 1900 SUNSET HARBOUR DR 1807 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSFIELD, TASHA <input type="checkbox"/> Delete 7966 SW 86 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, DANIEL <input type="checkbox"/> Delete DANCE DIV NWSA 300 NE 2ND AVE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SEIDEL, ANDREA M DR. <input type="checkbox"/> Delete FIU DEPT DANCE; UNIVERSITY PARK MIAMI, FL 33199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAXTER, DEBRA <input checked="" type="checkbox"/> Delete DANCE DIV NWSA 300 NE 2ND AVE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200108338102</b> <b>08/20/07--01032--005 **122.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDERSON, BAMBI 7928 WEST DRIVE, #407 NORTH BAY VILLAGE, FL 33141

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea M Seidel DR. ANDREA M SEIDEL 08/14/2007 786-263-0086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #