


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N33627</b> 1. Entity Name <b>DANCEARTS FOUNDATION, INC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 20 PM 2:43

REINSTATEMENT<sup>06-07</sup>



Principal Place of Business 441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139 US	Mailing Address 441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139 US
2. Principal Place of Business - No P.O. Box # 5900 SW 84th Avenue Suite, Apt. #, etc.	3. Mailing Address 5900 SW 84th Avenue Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33143	Country US

08112007 REIN-NP	CR2E099 (1/07)
4. FEI Number 65-0139010	Applied For Not Applicable

6. Name and Address of Current Registered Agent SEIDEL, ANDREA M DR. 441 N HIBISCUS DRIVE #4 MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name Seidel, Andrea M Dr. Street Address (P.O. Box Number is Not Acceptable) 5900 SW 84th Avenue City Miami		FL	Zip Code 33143
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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

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CAMEON, RANDI M
STREET ADDRESS	1900 SUNSET HARBOUR DR 1807
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	P <input type="checkbox"/> Delete
NAME	MANSFIELD, TASHA
STREET ADDRESS	7966 SW 86 TERR
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	T <input type="checkbox"/> Delete
NAME	LEWIS, DANIEL
STREET ADDRESS	DANCE DIV NWSA 300 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	M <input type="checkbox"/> Delete
NAME	SEIDEL, ANDREA M DR.
STREET ADDRESS	FIU DEPT DANCE; UNIVERSITY PARK
CITY-ST-ZIP	MIAMI, FL 33199
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BAXTER, DEBRA
STREET ADDRESS	DANCE DIV NWSA 300 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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