

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43479

1. Corporation Name

Mid Eastern Dance Exchange, Inc.

2. Principal Office Address - No P.O. Box #

1725 JAMES AVE

Suite, Apt. #, etc.

19

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/20/1991

5. FEI Number

65-0211076

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

TIFFANY MADERA

Street Address (P.O. Box Number is Not Acceptable)

1725 JAMES AVE. #

Suite, Apt. #, Etc.

#19

City

MIAMI BEACH

State

FL

Zip Code

33139

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

6.4.08

REGISTERED AGENT MUST SIGN

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	Tiffany Madera	1725 James Ave #19	Miami Beach, FL 33139
VP	Halcyone Hoagland	505 NE 30th St #405	Miami, FL 33137
T	Manal Oliver	1666 Kennedy Causeway #308	North Bay Village, FL 33141
S	Sheri Cosmo	3151 Sheridan Ave	Miami Beach, FL 33140
M	Ammal Elhaddad	7555 W. 2nd Ct.	Hialeah, FL 33014
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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6.4.08

Daytime Phone #

305 672-1814

FILED

2008 JUN -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

1997-1998

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