PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<del>-</del>	-	Street TILED		
CORPORATION:	Kather Secret	REMENT OF STATE  rine Hairis  ary of State  corporations	ייעוני <b>0</b>	SECRETARY OF STATE ISION OF CORPORATIONS I JUL 23 AM 9: 09		
DOCUMENT # N94000003798 1. Corporation Name				· :		
PERFORMING ANT	ERFORMING ANTS ASSOCIATION					
PERFORMING ANTS ASSOCIATION 9339 ALT. AIA SUITE 16						
PALM BEACH GAMENS, PCI 30105					To he with the same of the sam	
2. Principal Office Address	Office Address  Mailing Office Address			STATEMENT.	01	
Suite, Apt, #, etc.	Still Still		_	r. •		
oune, Αρι. <del>π</del> , σιο.			4. Date Incorporated or Qualified To Do Business in Florida			
City & State.				To Do Business in Florida Qugust 1994  5. FEI Number Applied For		
alm Beam MUDENS HI				<u> </u>	Not Applicable	
21p 37403 Country Pala Soo	رلم ا	Country	6.	\$8.75 Additio	onal Fee required icate of Status	
	7. Name an	d Address of Current Registe	ered Agent			
Name \/ = 1.10	1 Caltin	A.			Π	
<u> </u>	VENON         10004499581-8           Street Address (P.O. Box Number is Not Acceptable)         -07/26/01-01018-0.7					
	INE PINE	ROAD		****236.25 ****	23 <b>4.</b> 25	
Suite, Apt. #, Etc.	<u> </u>			·		
City P. B. GANDENS				State Zip Code FL 33410	1	
8. I, being appointed the registered agent of t	ge above numed corporation, a	m familiar with and accept the	obligations of section	on 607.0505 or 617.0503, F.S.	00/61	
Signature of Registered Agent	ALLOM REGISTERED AGENT MU	IST SIGN		Date 6-21-0		
9. Names and Street Addresses of Each Office		"	east 3 directors)	· »		
Titles Name of	<u> </u>	Street Address of Eac	ch	City / State / Zip		
Officers and/or Dir	ectors	Officer and/or Directo	or	0.0	00 820	
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TREAT		•				
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10. I certify that I am an officer or director or the this reinstatement application, the reason I owed by the corporation have been paid a on this application is true and accurate, an	for dissolution has been elimina nd the names of individuals liste	ited, the corporate name satisfic ed on this form do not qualify for	es the requirements r an exemption und	s of section 607.0401 or 617.0401, F.S.,	that all fees	
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING	M OFFICER OR DIRECTOR		6-2/-0/ Date Daytime Phone	<del>,                                    </del>	

## PERFORMING ARTS ASSOCIATION



## NICOLE'S DANCE STUDIO

Live Oak Plaza • 9339 Alternate A1A, Palm Beach Gardens, FL 33403 • (561) 881-7970

June 21, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahasse, Fl. 32314

SUBJECT: PERFORMING ARTS ASSOCIATION, INC.

RE: DOCUMENT #: N94000003798

To-Whom It May Concern:

Enclosed please find a check for \$236.25 to reinstate Performing Arts Association, Incorporated. On March 8, 2001, I mailed the first check to you of \$61.25 check # 1057. However since my bank changed names from Great Western to Washington Mutual and the bank did not accept the check to clear, you returned said check with a notice which I received on June 11, 2001. I was instructed to send another check for \$76.25 to avoid dissolution of the Corporation. The check # 7617 in the amount of \$76.25 was mailed to you on April 12, 2001 from Nicole's Dance Studio, Inc. account, on the check I wrote for Performing Arts Association.

Yesterday I received a letter stating Performing Arts Association was dissolved. I immediately called and spoke to Pat Bailey regarding this matter. She stated she never received the check. I further investigated and found that the check hasn't cleared through my bank. Therefore, I needed to stop payment on the check. Miss Bailey suggested that I don't stop payment, just in case you found it in some other department. However, her words were that the only resolution to get Performing Arts Assocation reinstated is to pay \$236.25!

> Sincerely, Nicole Gorham

