

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -2 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200002019362--7

-12/04/96-01057-007

***183.75 ***183.75

DOCUMENT # **N95000000616**
1. Corporation Name **HORTON DANCE!, Inc.**

Principal Place of Business Mailing Address
**1350 E. Sunrise Boulevard
Ste. 132
Ft. Lauderdale, FL 33304**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

2.8.95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0557972

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Cleora Horton	4500 NW 12 st Ldhl, FL 33313	Ldhl, FL 33313
V	Adrienne Dozier	4500 NW 12 st Ldhl, FL 33313	Ldhl, FL 33313
T/S	Hazel Jones	2331 N.W. 15 st Laud, FL 33311	Laud, FL 33311
D	Dionne Robinson	4510 NW. 15 st Ldhl, FL 33313	Ldhl, FL 33313
D	Oliver Black	1000 NW 27 terr. Ldhl, FL 33311	Ldhl, FL 33311
D	Edward Horton	4500 NW. 12 st Ldhl, FL 33313	Ldhl, FL 33313

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Adrienne Undae Dozier
4500 NW. 12 st
Ldhl, FL 33313**

Name

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

Suite, Apt. #, Etc.

City

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Adrienne Undae Dozier
REGISTERED AGENT MUST SIGN

Date **11.23.96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes; I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Adrienne U. Dozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11.23.96**

Daytime Phone **954.584.9076**