

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N95000000616*

1. Corporation Name

HORTON DANCE, Inc.

FILED

00 OCT -2 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

*1350 E. Sunrise Blvd.
#132
Ft. Lauderdale, FL 33304*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2.7.95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

05-0557972

Not Applicable

Zip

Country

Zip

Country

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<i>D Pres.</i>	<i>Adrienne Dozier</i>	<i>4500 NW 12th Lohi 33313</i>	
<i>Vice</i>			
<i>D Pres.</i>	<i>Cleora Horton</i>	<i>4500 NW 12th</i>	<i>Lauderhill, FL 33313</i>
<i>D Sect.</i>	<i>Hazel Jones</i>	<i>2337 NW 15 st</i>	<i>Ft. Laud., FL 33311</i>
<i>Treas.</i>	<i>Adrienne Dozier</i>	<i>4500 NW 12th</i>	<i>Lauderhill, FL 33313</i>

800003418028-3
-10/09/00-01014-001
*****236.25 ****236.25*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Adrienne Dozier
4500 NW 12th
Lauderhill, FL 33313

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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 Dozier

REGISTERED AGENT MUST SIGN

Date *7.20.00*

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

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

Date

Daytime Phone #

7.20.00 954.731.7637

CR2E081 (12/99)