

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000004138**

1. Corporation Name

CONTEMPORARY DANCE COMPANY OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

2424 N. FEDERAL HWY., STE. 314
BOCA RATON FL 33431

2424 N. FEDERAL HWY., STE. 314
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1995

5. FEI Number

31-1467591

Applied For

Not Applicable

6. 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)	Name of Officers and/or Directors	Street Address of Each Office; and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GOODNOUGH, SANDRA	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
D	BRAVATA, JULE	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
D	LILLIS, TIM	2424 N. FEDERAL HWY., STE. 314	BOCA RATON FL 33431
			500002005415--6 -11/15/96--01009--007 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODNOUGH, SANDRA
2424 N. FEDERAL HWY., STE. 314
BOCA RATON FL 33431

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

Sandra Goodnough
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/8/96

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 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:

Sandra Goodnough
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/96
Date

(561) 477-0541
Daytime Phone #