

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005383

1. Corporation Name

L-A DANCE TROUPE PARENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9816 SOUTH MILITARY TRAIL
SUITE 2-2
BOYNTON BEACH FL 33436
US

9816 SOUTH MILITARY TRAIL
SUITE 2-2
BOYNTON BEACH FL 33436
US

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

2. New Principal Office Address, If Applicable

2206 NE 4TH ST

Suite, Apt. #, etc.

APT. #2

City & State
BOYNTON BEACH, FL

Zip

33435

Country

US

3. New Mailing Office Address, If Applicable

2206 NE 4TH ST

Suite, Apt. #, etc.

APT. #2

City & State
BOYNTON BEACH, FL

Zip

33435

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

65-0701730

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARKS, DOUGLAS	6297 COUNTRY FAIR CIR.	BOYNTON BEACH FL 33437
VPD	GRAUSAM, RONALD L	6380 OLD MEDINA DR.	LAKE WORTH FL 33460
S/D	DELLINGER, SHARON	7650 THORNLEE DR.	LAKE WORTH FL 33464
TD	DELLINGER, SHARON	7656 THORNLEE DR.	LAKE WORTH FL 33464
SD	PALAICH, MARILYN	2206 NE 4TH ST APT. 2	BOYNTON BEACH FL 33435

8. Name and Address of Current Registered Agent

ARONSON, CAROLE ESO
WEINER AND MORICI, P.A.
102 NORTH SWINTON AVE.
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

Name

MARILYN M. PALAICH

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

2206 NE 4TH ST.

Suite, Apt. #, Etc.

APT #2

City

BOYNTON BEACH

State

FL

Zip Code

33435

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. or 617.0505, F.S.

Signature of
Registered Agent

Marilyn M. Palaich
REGISTERED AGENT MUST SIGN

Date 10-30-03

11. 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:

MARILYN M. PALAICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-03 561-736-8320

CR2040 (7/03)