

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

0203

DOCUMENT # N97000005086

1. Corporation Name

IROKO DANCE & PERFORMANCE CENTER, INC.

Principal Place of Business

1860 A WEST AVE  
SUITE #230  
MIAMI BEACH FL 33141  
US

Mailing Address

PO BOX 402504  
MIAMI BEACH FL 33140-504  
US

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

09/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0784723

Applied For

Not Applicable

City & State

City & State

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GARCIA, ELENA	1980 WEST BAY DR. #8	MIAMI BEACH FL 33141
VPTD	ZOLIN, FLORENCE	1361 MERIDIAN AVENUE #9	MIAMI FL 33139
TD	DEWINDT, DIANNE	9655 E. BAY HARBOR DR. #4F	MIAMI FL 33154
SD	SATTIOU, CHARLES	724 NE 82 ST	MIAMI FL 33140
D	MULET, ONEL	1980 WEST BAY DR. #8	MIAMI BEACH FL 33141
D	SUAREZ DE JESUS, CARLOS	1185 SW 6TH STREET	MIAMI FL 33130

8. Name and Address of Current Registered Agent

ISAZA, PATRICIA  
4925 COLLINS AVENUE #7F  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name Maria Elena Garcia  
Street Address (P.O. Box Number is Not Acceptable) 1980 Bay Dr. Apt #8  
Suite, Apt. #, Etc.  
City Miami Beach State FL Zip Code 33141

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/22/03

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.

MARIA ELENA GARCIA

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/03

CR2E040 (8/02)