


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000007071

1. Corporation Name

AFFIRMATION CENTRE FOR BALLET ARTS, INC.

Principal Place of Business

Mailing Address

8615 GEMINOLE BLVD
SEMINOLE FL 32710,
US

4210 74TH STREET NORTH
ST. PETERSBURG FL 33710

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

2. New Principal Office Address, If Applicable
9045 PARK BLVD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
119 47th Ave N.
Suite, Apt. #, etc.

City & State
Seminole, FL
Zip
33777
Country
USA

City & State
St. Petersburg, FL
Zip
33703
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

59-3482862

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

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	City / State / Zip
DVPT	DAVIS-SANDERS, ANDREA	4210 74TH STREET NORTH	ST. PETERSBURG FL 33740
DP	SANDERS, DONALD R	4210 74TH STREET NORTH	ST. PETERSBURG FL 33740
DS	COLLINS, TRICIA S	1240 74TH STREET NORTH	ST. PETERSBURG FL 33740
		119 47th Avenue N.	400004695104--8 -11/27/01--01050--003 ****245.00 ***33703
		119 47th Avenue N.	33703
		119 47th Avenue N.	33703

8. Name and Address of Current Registered Agent

DAVIS-SANDERS, ANDREA
4210 74TH STREET NORTH
ST. PETERSBURG FL 33740

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
119 47th Avenue N.
Suite, Apt. #, Etc.
City
St. Petersburg
State
FL
Zip Code
33703

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

Andrea Sanders

REGISTERED AGENT MUST SIGN

Date 10/25/01

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:

Andrea Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01

Date

927 320-0018

Daytime Phone #

CR2E040 (8/01)