

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 18 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000177

1. Corporation Name

EDWIN HOLLAND DANCE ENSEMBLE, INC.

Principal Place of Business

Mailing Address

13631 N.W. 7TH AVE.
NORTH MIAMI FL 33168

13631 N.W. 7TH AVE.
NORTH MIAMI FL 33168

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

2. New Principal Office Address, If Applicable

13631 NW 7th Ave.

Suite, Apt. #, etc.
North Miami, FL

City & State

Zip
33168

Country
U.S.

3. New Mailing Office Address, If Applicable

13631 NW 7th Ave.

Suite, Apt. #, etc.
North Miami, FL

City & State

Zip
33168

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1999

5. FEI Number

65-0886537

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HOLLAND, EDWIN	13631 N.W. 7TH AVE.	NORTH MIAMI FL 33168
VSD	HOLLAND, GAILE	850 N.W. 149TH TERRACE	MIAMI FL 33168
SD	AUDAIN, SORAYA	2130 N.W. 132ND STREET	MIAMI FL 33168

REINSTATEMENT 02

200009053882

11/18/02--01091--006 **234.25

8. Name and Address of Current Registered Agent

HOLLAND, EDWIN
850 N.W. 149TH TERRACE
MIAMI FL 33168

9. Name and Address of New Registered Agent

Name

Holland, Edwin

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

850 NW 149th Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33168

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

11/6/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02

305-685-0037

Date

Daytime Phone #

CR2E040 (8/02)