

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003853

FILED
Mar 10, 2006
Secretary of State

Entity Name: PURE ENERGY DANCE PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

12946 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 210721
WEST PALM BEACH, FL 33421

New Mailing Address:

12946 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470

FEI Number: 65-0880627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TRACEY
269 KENSINGTON WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TRACEY SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, TRACEY
Address: 269 KENSINGTON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: HAYDA, LISA
Address: 16745 WILTSHIRE DR W
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD () Delete
Name: KAHN, CLAUDIA
Address: 17144 63RD RD N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: ZEIHNER, AMBER
Address: 2089 HAVERHILL CT.
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD (X) Delete
Name: CROFT, CATHERINE
Address: 110 PARKWOOD DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MC LEOD, CANDI
Address: 16113 E BURNS DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD (X) Change () Addition
Name: DREW, JUSTINE
Address: 16887 W. STALLION DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD (X) Change () Addition
Name: BROOKS, VICKI
Address: 13723 FARLEY RD..
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY SMITH

Electronic Signature of Signing Officer or Director

PRES

03/10/2006

Date