


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00060031910			
1. Corporation Name DANCE VENTURES, INC.			
2. Principal Office Address 1017 N.E. 14 <sup>th</sup> St.		3. Mailing Office Address P.O. Box 6002	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA	
Zip 34470	Country MARION	Zip 34478	Country MARION

100022427731  
08/19/03--01077--001 \*\*308.75

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida 03-24-2000

5. FEI Number 593698515  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name: RICHARD D. MC MORROW

Street Address (P.O. Box Number is Not Acceptable): % 1017 N.E. 14<sup>th</sup> St. (\* I LIVE IN A RURAL AREA-SPARR)

Suite, Apt. #, Etc.: NO HOME DELIVERY AVAILABLE

City: OCALA State: FL Zip Code: 34470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 08-14-03

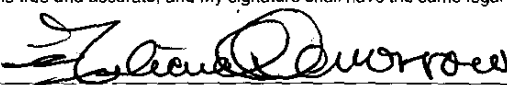
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RICHARD D. MC MORROW	% 1017 N.E. 14 <sup>th</sup> St.	OCALA, FLA. 34470

\$210/27

10. 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:  08-14-03 (352) 622-3589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

OCTOBER 22<sup>ND</sup>, 2003

FLORIDA DEPARTMENT OF STATE  
GLENDA E. HOOD  
SECRETARY OF STATE

ATTN: DIVISION OF CORPORATIONS  
SEAN TONER

RE: DANCE MAGIC INC.

REF # P00000033203

DANCE WORKS INC.

REF # P00000033215

DANCE VENTURES INC.

REF # P00000031910

PER OUR CONVERSATION THIS DATE, I AM SUBMITTING THE FOLLOWING INFORMATION, AND SUBSEQUENT REQUEST TO REGISTER THE ABOVE REFERENCED CORPORATIONS.

FOR WHATEVER REASON, IT WAS NOT BY MY REQUEST OR WITH MY KNOWLEDGE THE ABOVE REFERENCED CORPORATIONS WERE DISCONTINUED IN OCTOBER, 2002; AND THE PAPERWORK WAS NOT REMITTED TO ME, TO RENEW THE ABOVE CORPORATIONS.

THE REINSTATEMENT INFORMATION HAS BEEN SUBMITTED AND RECEIVED BY YOUR DEPARTMENT; IT WOULD BE APPRECIATED IF YOUR DEPARTMENT WOULD WAIVE THE REINSTATEMENT PENALTY AND REGISTER THE ABOVE REFERENCED CORPORATIONS.

RESPECTFULLY SUBMITTED

RICHARD D. M<sup>S</sup> MORROW

RIEK MORROW, PRES

CC: JOE ALEXIONOK  
REGULATORY CONSULTANT  
BALLROOM DANCE REGISTRATION