

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000033203**

1. Corporation Name

DANCE MAGIC, Inc

2. Principal Office Address

1017 N.E. 14th St.

Suite, Apt. #, etc.

N/A

City & State

OCALA, FLORIDA

Zip

34470

Country

MARION

3. Mailing Office Address

P.O. Box 6002

Suite, Apt. #, etc.

N/A

City & State

OCALA, FLORIDA

Zip

34478

Country

MARION

200022428062

08/19/03--01077--002 **308.75

REINSTATEMENT 02-03

4. Date Incorporated or Qualified

To Do Business in Florida **03-28-2000**

5. FEI Number

59-3636797

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. 14th St.

Suite, Apt. #, Etc.

**(* I LIVE IN A RURAL AREA - SPARE)
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

Richard D. Mc Morrow

REGISTERED AGENT MUST SIGN

Date **08-14-03**

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 th St. | OCALA, FLA 34470 |
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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:

Richard D. Mc Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-14-03

Date

(352) 622-3589

Daytime Phone #

CR2E081 (10/02)

OCTOBER 22ND, 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. Mc-MORROW

RIEK MORROW, PRES

CC: JOE ALEXIONOK
REGULATORY CONSULTANT
BALLROOM DANCE REGISTRATION