

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000033215**

1. Corporation Name

**DANCE WORKS INC**

2. Principal Office Address

**1017 N.E. 14<sup>th</sup> St.**

Suite, Apt. #, etc.

**N/A**

3. Mailing Office Address

**P.O. Box 6002**

Suite, Apt. #, etc.

**N/A**

City & State

**OCALA, FLORIDA**

City & State

**OCALA, FLORIDA**

Zip

**34470**

Country

**MARION**

Zip

**34478**

Country

**MARION**

**100022428071**

**08/19/03 - 01077 - 003 \*\*308.75**

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03-28-2000**

5. FEI Number

**593635868**

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.**

Suite, Apt. #, Etc.

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
<b>PRES</b>	<b>RICHARD D. MC MORROW</b>	<b>% 1017 N.E. 14<sup>th</sup> St.</b>	<b>OCALA, FLA 34470</b>

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 (352) 622-3589**

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. Mc-MORROW  
RICK MORROW, PRES

CC: JOE ALEXIONOK  
REGULATORY CONSULTANT  
BALLROOM DANCE REGISTRATION