

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:28

DOCUMENT # P00000058624

1. Corporation Name

GEORGIO'S AMERICAN DANCE CENTRE, INC.

Principal Place of Business

Mailing Address

101 N COUNTRY CLUB RD
LAKE MARY, FL 32746

101 N COUNTRY CLUB RD
LAKE MARY FL 32746



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/2000

5. FEI Number

59-3649512

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	GEORGE A FAGAN	1390 DUNHILL ROAD	LONGWOOD, FL 32750
V	GLORIA M. O'TOOLE	417 CINNAMON OAK CT.	LAKE MARY, FL 32746
S	DENISE TORRES-FAGAN	1390 DUNHILL ROAD	LONGWOOD, FL 32750
			700004661257--1 -10/31/01--01060--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAGAN, GEORGE A
101 N COUNTRY CLUB RD
LAKE MARY FL 32746

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

GLORIA M. O'TOOLE GLORIA M. O'TOOLE 10-15-01 407-323-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)



HIP HOP JAZZ TAP LYRICAL BOYS CLASSES ACRO BALLET TAP FUNK PRESCHOOLERS JAZZ FUNK TUMBLING HIP HOP

101 N. Country Club Rd., Suite 132
Lake Mary, Florida 32746

October 16, 2001

P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Sorry for the delay in payment, for we never received notification of the Corporate Annual Report invoice.

Please note our new suite number for your records as indicated in our address below.

Enclosed is a check for \$150.00. Again please accept our apology in the delay. Thank you.

Sincerely,

Gloria O'Toole
Vice President