

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 18 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068491

1. Corporation Name

Bridgette's School of Dance, Inc.

2. Principal Office Address

6283 W. Sample Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1562 NW 84th Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

33065

United States

City & State

Coral Springs, FL

Zip

Country

33071

United States

REINSTATEMENT

70002164336

07/18/03--01041--008 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

7-14-2000

5. FEI Number

651025093

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

José + Bridgette Castillo

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

1562 NW 84th Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

José Castillo

REGISTERED AGENT MUST SIGN

Date

7/15/2003

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
P	Bridgette Castillo "D"	1562 NW 84th Drive	Coral Springs, FL 33071
P	José Castillo "D"	1562 NW 84th Drive	Coral Springs, FL 33071

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:

José Castillo José Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/03

Daytime Phone #

800-331-2632 ext. 5158  
981-755-5865

CR2E081 (10/02)