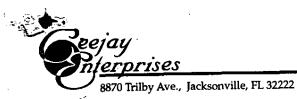
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

17. July

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS		03 SEP - 5 AMII: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PODOO 1. Corporation Name DANCE ARTISTS FA		nc.	
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2. Principal office Address  2930 Microtle Cal. Ci.	pal office Address  3. Mailing Office Address  6 Myrtle Oak Circle		100022929351 09/10/0301044019 **150.00
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified
City & State  OA Vic F/	City & State		To Do Business in Florida 07-26-2000 <b>5.</b> FEI Number Applied For
Zip Country 33328	Zip Co	puntry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)  2930 Myrtle Oak Circle  Suite, Apt. #, Etc.  City  State  State  FL  33328  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607:0505 or 617:0505, F.S.			
Signature of Registered Agent	EGISTERED AGENT MUST SIG		Date Date
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	Name of Street Address Officers and/or Directors Officer and/or		City / State / Zip
10 Toni Ann Gurdella	2930	Mystle OAK	& Circle DAvie Fl. 33328
D François Sze	ony 2930	Myrtle OAL	k Circle DAvie Fl. 33328
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:  SIGNATURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #			



DANCE ARTISTS ENTERPRISES, INC. 2930 MYRTLE OAK CIRCLE DAVIE, FL. 33328

August 12, 2003

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P O BOX 6327 Tallahassee, FL. 32314

Enclosed is Florida form for CORPORATION REINSTATEMENT for above named corporation.

For the second year in a row DANCE ARTISTS ENTERPRISES INC. did not receive Uniform Business Report.

Please accept DANCE ARTISTS ENTERPRISES INC, check for \$150 payable to Secretary of State and CORPORATION REINSTATEMENT form and reinstate this corporation.

Thank you for you help and assistance in this matter.

Regards

Cecil Wilson Cee Jay Enterprises, Inc.

904-771-3160

MA