

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P000000 71380**

1. Corporation Name
DANCE ARTISTS ENTERPRISES, INC.

2. Principal Office Address
2930 Myrtle Oak Circle
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
DAVIE FL
Zip
33328

City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
07-26-2000

5. FEI Number
65-1035467
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
Toni Ann Gardella
Street Address (P.O. Box Number is Not Acceptable)
2930 Myrtle Oak Circle
Suite, Apt. #, Etc.
City
DAVIE

State
FL
Zip Code
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 617.0503, F.S.

Signature of Registered Agent **[Signature]** Date **08-15-03**
REGISTERED AGENT MUST SIGN

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/O	Toni Ann Gardella	2930 Myrtle Oak Circle	DAVIE FL 33328
D	Francis Szony	2930 Myrtle Oak 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]** Date **8-15-03** Daytime Phone # **954-424-0152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)



8870 Trilby Ave., Jacksonville, FL 32222

TAX PREPARATION / ACCOUNTANT

**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