

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000003952

1. Corporation Name

ELSA PARDO DANCE CENTER, INC.

Principal Place of Business

Mailing Address

3649 W WATERS AVE
TAMPA FL 33614

3649 W WATERS AVE
TAMPA FL 33614

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

01/01/2001

5. FEI Number

Applied For

159-3690387

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

President/
Owner

Elsa Pardo

same as above

700024499197
11/07/03--01009--006 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICK P. COLA CPA
2759 SR 580 STE 211
CLEARWATER FL 33761

Name

Elsa Pardo

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

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03 (813) 935-3702

CR2E040 (8/02)

The Elsa Pardo Dance Center



October 30, 2003

To Whom It May Concern:

Enclosed are my reinstatement form and a check for 2002 and 2003. I request a forgiveness of penalty because I did not receive the forms for those years.

Feel free to contact me if you have any questions.

Sincerely,

Elsa Pardo
Director