

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 APR - 8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/08/03--01002--009 **300.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

0203

DOCUMENT #

1. Corporation Name *P01000004623*
D'BECK DANCE, INC.

2. Principal Office Address *8438 48TH AVENUE*

3. Mailing Office Address *PO BOX 838*

Suite, Apt. #, etc.

City & State *PALM CITY, FL*

City & State *STUART, FL*

Zip *34990* Country *MARTIN*

Zip *34995* Country *MARTIN*

4. Date Incorporated or Qualified To Do Business in Florida *01-09-01*

5. FEI Number *65-1080522*

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 *PATRICIA BEDFORD*

Street Address (P.O. Box Number is Not Acceptable) *8438 48TH AVENUE*

Suite, Apt. #, Etc.

City *PALM CITY* State *FL* Zip Code *34990*

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 *Patricia Bedford* Date *3/30/03*

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
<i>PRES</i>	<i>PATRICIA BEDFORD</i>	<i>8438 48TH AVENUE</i>	<i>PALM CITY, FL 34990</i>

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: *Patricia Bedford* Date *3/30/03* Daytime Phone # *(917) 538-0220*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E081 (10/02)

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