


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR - 8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100015443021
04/08/03--01002--009 **300.00

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P01000004623 D'BECK DANCE, INC.	
2. Principal Office Address 8438 48TH AVENUE Suite, Apt. #, etc.	3. Mailing Office Address PO BOX 838 Suite, Apt. #, etc.
City & State PALM CITY, FL Zip 34990	City & State STUART, FL Zip 34995
Country MARTIN	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 <input type="checkbox"/> \$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
PRES	PATRICIA BEDFORD	8438 48TH AVENUE	PALM CITY, FL 34990

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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