

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000081292

1. Entity Name  
KARIZMA DANCE ENTERPRISES, INC.



FILED

09 MAR 27 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*



REINSTATEMENT 08-09  
M102008 REINSTATEMENT CR2008 (1/07)

Principal Place of Business  
1164 NW 75TH STREET  
MIAMI, FL 33150

Mailing Address  
1144 NW 75 ST  
MIAMI, FL 33150

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIN-REVELL, PRUCHELLE  
1164 NW 75TH STREET  
MIAMI, FL 33150

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Pruchelle Barn-Revell* *Pruchelle Barn-Revell* 1/14/09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAIN-REVELL, PRUCHELLE	
STREET ADDRESS	1164 NW 75TH STREET	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700141888107	
STREET ADDRESS	01/23/09--01005--021 **158.75	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700141888107	
STREET ADDRESS	03/27/09--01032--024 **141.25	<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pruchelle Barn-Revell* Date: 1/14/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*(786) 277-3620  
Please call*