

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099967

1. Corporation Name

AMERICA'S BALLET, INC.

Principal Place of Business

3305 LACEWOOD ROAD
TAMPA FL 33618

Mailing Address

3305 LACEWOOD ROAD
TAMPA FL 33618



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15353 Amberly Dr

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip 33647 Country USA

3. New Mailing Office Address, If Applicable

15353 Amberly Dr

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip 33647 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

59-3751874

Applied For

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NUNEZ, PAULA	3305 LACEWOOD ROAD	TAMPA FL 33618
D	QUINTANA, STELLA	3305 LACEWOOD ROAD	TAMPA FL 33618

PAUL

100008626481
10/28/02--01087--018 **150.00

8. Name and Address of Current Registered Agent

NUNEZ, PAULA
3305 LACEWOOD ROAD
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date 10-24-2002

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

10-24-2002 813 558-0800

Date

Daytime Phone #

October 24, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

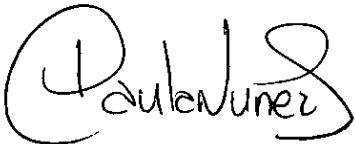
Ref.: **America's Ballet, Inc.**
Doc.# P01000099967

Dear Sir,

Our Corporation, America's Ballet, Inc., actually began commercial operations in August of this year after completing our market research, facility search, contracting and remodeling needed to open our ballet facility. During this time, we did not receive previous notices about the uniform business report.

We will appreciate your consideration of this request to waive the Reinstatement fee. Enclosed is a check for \$150 as instructed by the information given by your department's recorded phone message.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paula Nunez", enclosed within a large, loopy circular flourish.

Paula Nunez
President

Our Address:
America's Ballet Inc.
15353 Amberly Dr.
Tampa FL 33647
Ph.: (813) 558-0800