

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060796

1. Corporation Name

SPIRIT DANCE, INC.

Principal Place of Business

P. O. BOX 559
TAVERNIER FL

Mailing Address

P. O. BOX 559
TAVERNIER FL

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

2. New Principal Office Address, If Applicable

86729 OLD HWY

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

Zip

33074

Country

3. New Mailing Office Address, If Applicable

86729 OLD HWY

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

Zip

33074

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HOSTETLER, KELLY	P.O. BOX 559 86729 OLD HWY	TAVERNIER FL ISLAMORADA FL 33074

300024387673
11/03/03--01093--018 **150.00

8. Name and Address of Current Registered Agent

MCGOEY, MICHAEL J
209 N. SEACREST BLVD.
BOYNTON BCH FL 33435

9. Name and Address of New Registered Agent

Name

KELLY HOSTETLER

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

86729 OLD HWY

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33074

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

Kelly Hostetler
REGISTERED AGENT MUST SIGN

Date

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:

Kelly Hostetler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)

MICHAEL J. McGOEY CPA, INC.

639 EAST OCEAN AVENUE, SUITE 101

BOYNTON BEACH, FL 33435

(561) 734-8599

Fax (561) 734-8544

mjmgoey@aol.com

October 30, 2003

Florida Department of Revenue
Division of Corporations
Annual Report /Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Spirit Dance, Inc. (Document # P 02000060796)

Dear Sir/Madam,

Enclosed please find Check # 1308 for \$ 150.00. Please accept this as payment for the 2003 Annual Report. Your forms were mailed to the wrong address and were never received by our Client. The correct address is as follows:

86729 Old Highway
Islamorada, FL 33036

Kindly update your records to reflect the new address.

We appreciate your cooperation. Thank you for your prompt attention and your favorable response to this matter. If we can be of any further assistance please do not hesitate to contact us.

Sincerely,



Michael J. McGoe, CPA

\Enclosures