

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 OCT 15 AM 8:35

DOCUMENT # **P02000074849**

1. Corporation Name

**AMERICAN DANCE, INC.**

Principal Place of Business

8340 SW 162 STREET  
MIAMI FL 33157

Mailing Address

8340 SW 162 STREET  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2002

5. FEI Number

03-0473173

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
DP	KARPIAK, ROSANNA	8340 SW 162 STREET	MIAMI FL 33157
DTS	KARPIAK, CRAIG	8340 SW 162 STREET	MIAMI FL 33157

8. Name and Address of Current Registered Agent

COSGROVE, JOHN F. ESQ  
201 WEST FLAGER STREET  
MIAMI FL 33130

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

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

Oct. 10, 03

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:

*[Handwritten Signature]* Rosanna Karpiak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 10, 03 305-992-1173

Daytime Phone #

CR2E040 (7/03)

AMERICAN DANCE INC.  
DBA AMERICAN DANCE ALLIANCE

October 10, 2003

Division of Corporations  
Tallahassee, Fl.

To Whom It May Concern:

ON OCTOBER 9<sup>TH</sup> I RECEIVED A NOTICE OF ADMINISTRATIVE  
DISSOLUTION OR REVOCATION. THIS IS THE FIRST I HAVE SEEN THIS  
DOCUMENT. I DID NOT RECEIVE THE TWO UBR NOTICES. THIS IS MY FIRST  
YEAR AS A SMALL BUSINESS OWNER AND DID NOT KNOW OF THE  
SEPTEMBER DEADLINE FOR RENEWAL OF MY CORPORATION/BUSINESS  
STATIS. I WANT TO REMAIN IN COMPLIANCE WITH THE STATE. PLEASE  
WAIVE MY LATE FEE AND ACCEPT MY APPLICATION.

THANK YOU FOR UNDERSTANDING.

Sincerely,



Rosanna Karpiak  
President American Dance Inc.  
d.b.a. American Dane Alliance