

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000105014

1. Corporation Name

CENTER STAGE DANCE COMPANY

Principal Place of Business

8011 MERRILL RD
JACKSONVILLE FL 32277

Mailing Address

8011 MERRILL RD
JACKSONVILLE FL 32277

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

09/30/2002

5. FEI Number

27-0033746

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
PS, T	Melissa P. Mitchell	8011-10 Merrill Rd	Jax, FL 32277

200024509122
11/07/03--01052--012 **150.00

8. Name and Address of Current Registered Agent

MITCHELL, MELISSA
8011 MERRILL RD
JACKSONVILLE FL 32277

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

Melissa P. Mitchell
REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

Melissa P. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03 904 333-2705
Date Daytime Phone #

FILED

03 DEC -5 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR20040 (7/03)



Center Stage

Dance Company, Inc.

**Florida Department of State
Division of Corporations**

To Whom It May Concern:

I am writing you to ask you to please abate the late fee and accept the \$150.00 reinstatement fee that I have submitted. I have not received any prior correspondence regarding the Uniform Business Report until I received the notice of dissolution. Center Stage Dance Company did not officially begin as a corporation until January 1, 2003. I was ill informed when I initially applied to become a corporation as to when it should start. I do now understand that I am responsible for corporation fee for the time that I initially filed on 9/30/02. Thank you for your understanding. Please advise if you need any further information.

Sincerely,

**Melissa P. Mitchell
President, Center Stage Dance Company, Inc.**

**8011-10 Merrill Road
904/745-8404**

**Jacksonville, Florida 32277
mpmcenterstage@aol.com**