

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000019995**

1. Corporation Name

**Galmont Ballet Centre for Dance
Education, Inc.**

2. Principal Office Address

5575 Schenck Ave.

3. Mailing Office Address

5575 Schenck Ave.

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

Suite 11

City & State

Rockledge, FL.

City & State

Rockledge, FL.

Zip

32955

Country

Brevard

Zip

32955

Country

Brevard

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02-18-2003

5. FEI Number

30-0169496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank Gutierrez-Galvez

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

3513 Siderwheel Drive

Suite, Apt. #, Etc.

City

Rockledge

State
FL

Zip Code
32955

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **May 24, 2006**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/M	Lucia Gutierrez-Montero	3513 Siderwheel Dr.	Rockledge, FL 32955
V/D/M	Frank Gutierrez-Galvez	3513 Siderwheel Dr.	Rockledge, FL 32955
	<i>[Signature]</i>		

10. 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 contained in Chapter 119, 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] **Lucia Gutierrez-Montero**

Date

5-24-06/321-634-5466

Daytime Phone #

Galmont Ballet Centre for Dance Education, Inc.

5575 Schenck Avenue Suite 11
Viera, FL 32955
Phone 321-634-5466
Fax 321-634-5460

May 23, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

My name is Lucia Gutierrez Montero, Owner/President/Director of Galmont Ballet Centre for Dance Education, Inc.

Corporation #: P03000019995.

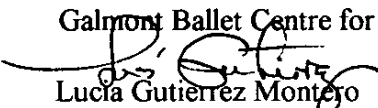
Federal Employer Identification (FEI)#: 30 - 0169496

I did not received the annual report notices for the years 2004, 2005, and 2006.

Enclosed are the completed Corporation Reinstatement form, and a check for the amount of \$458.75 (\$150.00 per each year - \$450.00 -, and \$8.75 for one certificate of status).

Sincerely,

Galmont Ballet Centre for Dance Education, Inc.


Lucia Gutierrez Montero
Owner/President/Director