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.

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
5575 Schenck Ave.	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

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

700075972827
06/08/06--01008--011 **45.75

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 _____ Date May 24, 2006
REGISTERED AGENT MUST SIGN

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

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: _____ Lucia Gutierrez-Montero 5-24-06 321-634-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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