

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 AUG 23 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000020126 1. Entity Name STARKE ACADEMY OF DANCE, INC.					
Principal Place of Business 1371 STATE RD. 19 SOUTH PALATKA, FL 32177			Mailing Address 1371 STATE RD. 19 SOUTH PALATKA, FL 32177		
2. Principal Place of Business 417 E. WEST EDWARDS RD Suite, Apt. #, etc.		3. Mailing Address 417 E. WEST EDWARDS RD Suite, Apt. #, etc.			
City & State STARKE FL		City & State STARKE, FL		4. FEI Number 06-1680116	
Zip 32091		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILLMAN, MARTIN C II 1371 STATE RD. 19 SOUTH PALATKA, FL 32177			7. Name and Address of New Registered Agent Name LAURA THEUS Street Address (P.O. Box Number is Not Acceptable) 1038 MEADOWS DR City STARKE FL Zip Code 32091		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Laura Theus</i></u> 8/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FILLMAN, MARTIN C II <input checked="" type="checkbox"/> Delete 1371 STATE RD. 19 SOUTH PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAURA THEUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1038 MEADOWS DR STARKE, FL 32091	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FILLMAN, MARY <input checked="" type="checkbox"/> Delete 1371 STATE RD. 19 SOUTH PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAROLD THEUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1038 MEADOWS DR STARKE, FL 32091	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">B 08/23/06</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600079127306 08/25/05--01032--002 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">REINSTATEMENT 05-06</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Laura Theus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/15/06 <small>Date Daytime Phone #</small>		