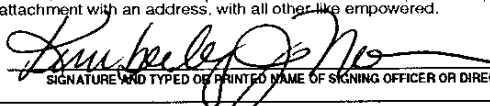


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000034440 1. Entity Name ACADEMY OF DANCE ARTS, INC.					
Principal Place of Business P.O. BOX 1529 DELAND, FL 32121-1529			Mailing Address P.O. BOX 1529 DELAND, FL 32121-1529		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 415 Suite, Apt. #, etc.			
City & State Zip Country		City & State DeLand, FL 32721-0415 Zip Country 32721-1415		4. FEI Number 05-0564567 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent NORMAN, KIMBERLY J 238 CROOKED TREE TRAIL DELAND, FL 32724			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D NORMAN, KIMBERLY J P.O. BOX 1529 DELAND, FL 327211529	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P.O. Box 415 DeLand, FL 32721-0415	<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	300058355143 08/09/05--01002--016 **\$150.00		
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		
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 exemption stated in Section 119.07(3)(i), 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: 			#125/05 Date Daytime Phone #		

FILED
05 JUL 27 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-22-04 01036 018 \$150.00
07082005 REIN-P CR2E098 (6/04)

Joseph Master & Company

CERTIFIED PUBLIC ACCOUNTANTS
A LIMITED LIABILITY PARTNERSHIP

JOSEPH J. MASTER, CPA
MARY JEANNE LUDWIG, CPA
RICHARD A. HAUGHWOUT, CPA
NANCY A. KOENIG
DEBRA A. LOOKINGBILL
ELIZABETH ANDERSEN, EA

July 25, 2005

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

Gentlemen

RE: FEI 05-0564567
Document #P03000034440

We are enclosing a copy of our 2004 For Profit Corporation Reinstatement with change of address along with a copy of the cancelled check paying for same. However, our corporation appears to have a status of Inactive on your website. Please correct your records accordingly.

Also enclosed is our 2005 For Profit Corporation Reinstatement with our check #1667 in the amount of \$150.00.

Thank you for your cooperation in this matter.

Sincerely,



Kimberly J. Norman
President

enc. 5