

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000054226

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** THE DANCESPORT GROUP, INC.

## **Current Principal Place of Business:**

154 BAY ROAD  
C-3007  
MIAMI BEACH, FL 33139

## **New Principal Place of Business:**

171 NORTH SHORE DRIVE  
UNIT 30  
MIAMI BEACH, FL 33141

## **Current Mailing Address:**

154 BAY ROAD  
C-3007  
MIAMI BEACH, FL 33139

## **New Mailing Address:**

171 NORTH SHORE DRIVE  
UNIT 30  
MIAMI BEACH, FL 33141

**FEI Number:** 58-2670406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## **Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## **Name and Address of New Registered Agent:**

SHARFF, WITTMER, KURTZ, & JACKSON, P.A.  
4627 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: ANA M CHACON

04/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CHACON, ANA M  
Address: 1504 BAY ROAD, C-3007  
City-St-Zip: MIAMI BEACH, FL 33139

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: CHACON, ANA M  
Address: 171 NORTH SHORE DRIVE, UNIT 30  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA M CHACON

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date