PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 OCT 20 AM 8: 43
DOCUMENT # 1030101082893 1. corporation Name Dager Ballet Institute for Dance Education, Inc.		SEUNETARY OF STATE TALLAHASSEE, FLORIDA
2 Principal Office Address 9793 Glades Road	3. Mailing Office Address	DEMOTATE REALS
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.	4. Date incorporated or Qualified
City & State Boca Roton F1.	City & State	5. FEI Number 892367 Applied For Not Applicable
20 33434 Country U.S.A.	Zīp Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name German Dager		
Street Address (P.O. Box Number is Not Acceptable) 2055 COVE Lake 2000 10/20/0501045015 **900. ID Suite, Apt. #, Etc.		
City North Lawderdale, Fl. State Zap Coole 33068		
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10-17-05 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 Officer and/or Di	
Aesidat German Da	per 2055 Cove La	ike Road North Lowderdale FL
ViceP. Dana Suscint	- 4772 N.W.	5th Courth Coconst Crock 35/63
secretary Enrique Do	298 5763 N.W. 9	18th Are. Hiami F1. 33178
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7 "		
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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		