

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 904000089009

1. Corporation Name

DANCE ARTS CONSERVATORY, INC.

2. Principal Office Address - No P.O. Box #

13889 Wellington Place

Suite, Apt. #, etc.

A22/A23

City & State

Wellington, FL

Zip

33414

Country

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/04

5. FEI Number

20-0740880

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

ANDREW FARBER

Street Address (P.O. Box Number is Not Acceptable)

20883 STATE RD. 7 Suite 300

Suite, Apt. #, Etc.

300

City

Boca Raton

State

FL

Zip Code

33498

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

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/T/S	Rocky Duval	2642 Fairway Cove Ct.	Wellington, FL 33414
V	Doreen Duval	2642 Fairway Cove Ct	Wellington, FL 33414

REINSTATEMENT

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:

R. Duval

Rocky Duval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-296-1880

FILED  
2007 FEB -8 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200088285412  
02/14/07--01010--009 \*\*450.00

CR2E081 (1/07)



*[Handwritten signature]*

February 6, 2007

To The Division of Corporations Committee Meeting:

Please let this serve as our one 'get out of jail free card'!

We apologize for the inconvenience of not being current with our corporate validity. We were not instructed correctly by our lawyer or accountant regarding this matter at the time of inception of our corporation, and would like to bring our account current with this check for \$450.00. Please allow us to be exempt from paying the reinstatement fees, as we were not advised until 2007 that we needed to keep this corporation listing current on an annual basis.

Please notice that the current address for the corporation is listed as a Boca Raton address. This was our home when we started our company, and we have since relocated and now live in Wellington. We did not receive any notification what so ever regarding reinstatement, as the proper business address is located in Wellington, and there was no forwarding address from our previous home to our business.

I take full responsibility as the president of my corporation for dropping the ball, however, I am very thorough with all of my administrative work and will not let this happen again, now that I understand the process.

Sincerely,

*[Handwritten signature: Rocky Duvall]*

Rocky Duvall  
President