

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 21 PM 12:39

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000037301

1. Corporation Name

Sean's Dance Factory, Inc.

300133395413  
07/24/08--01029--026 \*\*600.00

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

1947 Stratfordway

Suite, Apt. #, etc.

3. Mailing Office Address

1947 Stratfordway

Suite, Apt. #, etc.

City & State

W.P.B., FL

City & State

West Palm Beach, FL

Zip

Country

33409

USA

Zip

Country

33409

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/24/04

5. FEI Number

20-2296214

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

Troy Green

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

1947 Stratford Way

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

☒ 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

*Troy Green*

REGISTERED AGENT MUST SIGN

Date 7/17/08

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	Troy Green	1947 Stratford Way	W.P.B., FL, 33409
V	Chris Green	321 W 23 <sup>rd</sup> St	Riviera Beach, FL 33404
T	Shirley Green	321 W 23 <sup>rd</sup> St	Riviera Beach, FL 33404

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:

*Troy Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/08 (361)  
341-7346

Date

Daytime Phone #