

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR -9 PH 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P040000123014

1. Corporation Name

DANCING BEAR PRODUCTIONS, INC.

W07000008807

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

6538 COLLINS AVE

Suite, Apt. #, etc.

UNIT 185

City & State

MIAMI BEACH, FLA

Zip

33141

Country

USA

3. Mailing Office Address

6538 COLLINS AVE

Suite, Apt. #, etc.

UNIT 185

City & State

MIAMI BEACH, FLA

Zip

33141

Country

USA

**REINSTATEMENT** 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

AUG 25, 2004

5. FEI Number 20-1711477

☐ 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

MARTIN PATRICK

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

1141 KANE CONCOURSE

Suite, Apt. #, Etc.

BAY HARBOR, FLORIDA

City

BAY HARBOR

State

FL

Zip Code

33154

☒ 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

Martin Patrick

REGISTERED AGENT MUST SIGN

Date 2/16/07

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
PRES	ROGER KORMAN	6538 COLLINS AVE. UNIT 185	MIAMI BEACH <del>MIAMI BEACH</del> , FLA 33141

300093246633

03/16/07--01009--001 \*\*450.00

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:

Rog Korman

ROGER KORMAN

2/17/2007

514-867-

9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 3/13