2009 FOR PROFIT CORPORATION REINSTATEMENT

	NEINS I A	IEMENI					
DOCUMENT # P05000057320 1. Entity Name SHALL WE DANCE, INC.				FILED OG JUL 16 PM 3: 24			
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3333 W CØ	oe of Business AMERCIAL ERDALE FL 33309	Mailing Address 3333 W COMMERCIAL FORT LAUDERDALE, FL 3	33309		O9 JUL 16 SECRETA TALLAHA	RY OF SILO SSEE, FLO	AOIA
				1 1111111111111111111111111111111111111			
600 S	Place of Business - No P.O. Box #	3. Mailing Address 600 S FENTILA Suite, Apt. #. etc.	e Her	- Herr	HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		 85
Suite, Apt. #, etc.				06 (2009	REINIFEMEN	21094 (1/07)	CHARLES THE REAL PROPERTY.
DEEK!	HELD SCH FL.	DEGLECTO BU		4. FEI Number 20-2699	859	No	oplied For of Applicable
33.00	Country USA	33441 ·	Country Y S A	5. Certificate o	f Status Desired	* \$8.75 Add Fee Require	
<u> </u>	6. Name and Address of Current R			7. Name and A	ddress of New Registere	d Agent	
	STUART OMMERCIAL BLVD JDERDALE, FL 33309		inadisas	edillozakbazolik)	15,710		
						,	
			City		•	Zip Cod	
The above the obligation	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both	in the State of Florida I a	ım familiar with,	and accept
-							
SIGNATURE.	Signature, typed or printed name of registered agent an	id title if applicable (NOTE: R	Registered Agent signature requ	uired when reinstating)	DAT	Ę	
FILE NOW!!! FEE IS \$300.00				,	In accordance with s. 6 corporation did not rece	07.193(2)(b), eive the prior r	F.S., the notice.
10.	OFFICERS AND D	IDCOTODO		ADDITIONS/C	HANGES TO OFFICERS A	NID DIRECTOR	3 IN 11
TITLE			11,	ADDITIONS/C		NO DIFFECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	D ARCYPOROLOUS DORA	EDERAL FWY	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0156315 0901010018	[7] (5	Addition
STREET ADDRESS CITY-ST-ZIP	D ARGYROPOLOUS, DORA 865-SE-24-AVE 600 SF DEERFIELD BCH, FL 33441	EDGRAL FLUY SU17E1	TITLE NAME STREET ADDRESS		0156315 901010018	[7] (5	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE:

John Argy 12 JOUGO SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #