

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000057320

1. Entity Name:
SHALL WE DANCE, INC.



FILED
09 JUL 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3333 W COMMERCIAL
FORT LAUDERDALE, FL 33309

Mailing Address
3333 W COMMERCIAL
FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

600 S FEDERAL HWY
Suite, Apt. #, etc.
201

City & State
DEERFIELD BCH FL

Zip
33441

Country
USA

3. Mailing Address

600 S FEDERAL HWY
Suite, Apt. #, etc.
101

City & State
DEERFIELD BCH FL

Zip
33441

Country
USA



4. FEI Number
20-2699859

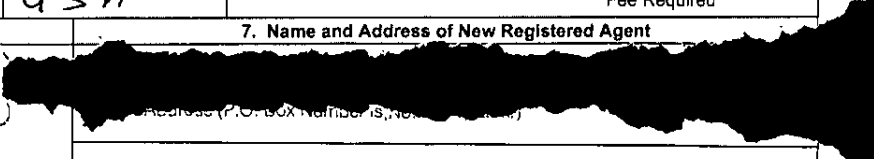
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWITT, STUART
3333 W COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent



City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARGYROPOULOS, DORA
STREET ADDRESS 865 SE 24 AVE 600 S FEDERAL HWY
CITY-ST-ZIP DEERFIELD BCH, FL 33441 SUITE 101

TITLE
NAME DORA ARGYROPOULOS
STREET ADDRESS 600 S FEDERAL HWY
CITY-ST-ZIP DEERFIELD BCH 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 600156315616
STREET ADDRESS 05/22/09--01010--018 **300.00
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: Dora Argypoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #