2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# P07000046492

Entity Name: XTREME DANCE OF MIAMI, INC.

Current Principal Place of Business:

15453 SW 36 TERR
MIAMI, FL 33185

New Principal Place of Business:

3750 NW 114 AVE #8
DORAL, FL 33178

Current Mailing Address:

15453 SW 36 TERR
MIAMI, FL 33185

New Mailing Address:

FEI Number: 36-4607649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMORES, ALICIA
15453 SW 36 TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALICIA AMORES

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: AMORES, ALICIA
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Delete
Name: AMORES, DENISE
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

Title: SEC ( ) Delete
Name: PORTUGUES, LINETTE
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

Title: TREA ( ) Delete
Name: AMORES, DENISE
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: AMORES, DENISE
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

Title: TREA (X) Change ( ) Addition
Name: AMORES, ALICIA
Address: 15453 SW 36 TERR
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA AMORES PRES 10/01/2009

Electronic Signature of Signing Officer or Director Date