

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 FEB 11 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000055650

1. Corporation Name

Rebekah's Sole In Motion Dance Co. Inc.

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

6935 South Carter Rd. #7

Suite, Apt. #, etc.

3. Mailing Office Address

6935 South Carter Rd. #7

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

US

Zip

33813

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 06/29/2009

5. FEI Number

27-0475058

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

Rebekah J. McLeod

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

3511 Christina Groves Cir. S

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Date

REGISTERED AGENT MUST SIGN

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/S/D	Rebekah J. McLeod	3511 Christina Groves Cir. S.	Lakeland, FL 33813
VP	Joseph N. McLeod	3511 Christina Groves Cir. S.	Lakeland, FL 33813
T	Genevieve H. Jones	3511 Christina Groves Cir. S.	Lakeland, FL 33813

10. E-mail Address: info@danceinlakeland.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Rebekah J. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/2011

2/14