CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATI

19 JUL -3 PM 3:42

DOCUMENT # P100000092986

1. Corporation Name

Dance All Night, Inc

2. Principal Office Address - No P O Box #	3. Mailing Office Address
6884 Athena Dr	6884 Athena Dr
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33463 Country: USA	Zip: 33463 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additiona for a Certifica

7. Name and Address of Current Registered Agent

Name: Eric Ocando

Street Address (P.O Box Number is Not Acceptable): 6884 Athena Dr.

Suite, Apt. #, Etc

City: Lake Worth | State: FL | Zip Code: 33463

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: Eric Ocando Date: 6/26/19

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
Pres	Eric Ocando	SAME AS ABOVE	
			800831758888
dirs	Sec RA		JUL 03 201
			D CUSHI

10. E-mail Address: Danceallnightinc@gmail.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 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 tha 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 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

SIGNATURE: Eric Ocando 6/26/19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytir