CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

PILEU SEGRÉTARY OF STATE L'AISION OF CORPORATH

19 JUL -3 PH 3: 42

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DOCUMENT#	P	100000	929	86
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1. Corporation Name

SIGNATURE:

Dance All Night, Inc

2. Principal Office Address - No PO Box # 6884 Athena Or	3. Mailing Office Address 6884 Athena Or		014-01622 -014
Suite, Apt. #, etc.	Suite, Apt #, etc		orated or Qualified
City & State Lake Worth, FL	City & State Lake Worth, FL	5. FEI Numbe	
33463 Country USA	2ip Country USA	6. CERTIFICAT	E OF STATUS DESIRED \$8.75 Additions
7. Name and Address o	of Current Registered Agent		
Name Eric Ocando		_ - -	
Street Address (P.O. Box Number is Not Acceptable 6884 Athena Dr., Stora, Apt. #, Etc.	e)	_	
S.Ф.З. Афі. В. С.С			
Lake Worth	State Zip Code FL 33 463		
8. I, being appointed the registered agent of the about Signature of Registered Agent	ove named corporation, am familiar with and accept the	obligations of section	on 607.0505 or 617.0503, F S Date 6/26/19
	EGISTERED AGENT MUST SIGN		
· · · · · · · · · · · · · · · · · · ·	nd/or Director (Florida nonprofit corporations must list at		
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direc		City / State / Zip
Pres Eric Ocano	do SAME AS	ABOUT	
		<u></u>	MGSS1756588 MS-101007-005 ••750
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dies for RA			JUL 0 3 201
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10. E-mail Address: Danceal	Inightine gmail-on	port notification)	
11 I certify that I am an officer or director or the rece	eiver or trustee empowered to execute this application ion has been eliminated, the corporate name satisfies the	as provided for in ch	napter 607 or 617, F.S. I further certify that when I ection 607.0401 or 617.0401, F.S., and that

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR