APPROVED AND FILED

1996 NOV 26 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

700002017137--0
-12/02/96--01041--024
******8.75 ******8.75

700002017137--0
-12/02/96--01041--025
****575.00 ****575.00

DOCUMENT # P92000006687

1. Corporation Name

WORLD AMERICAN DANCE CORPORATION, INC.

REINSTATEMENT

Mailing Address / Principal Place of Business

5100 W Copans Road
Suite 400
Coconut Creek, Fl 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable | 3. New Principal Office Address, if Applicable | 4. Date Incorporated or Qualified to Do Business in Florida: 11/19/92

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

5. Fed Number: 65-0498375 | Applied For | Not Applicable

Certificate of Status Issued ☐

7. 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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|---|---|---|---|
| DP | Vincent Bulger | 5100 W Copans Rd #400 | Coconut Creek, Fl 33063 |
| S | Terrence Zielinski | 5100 W Copans Rd #400 | Coconut Creek, Fl 33063 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Terrence Zielinski
5100 W Copans Rd, #400
Coconut Creek, Fl 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City | State: FL | Zip Code

10. I hereby acknowledge that I am familiar with and accept the duties of Section 607.325, F.S.

Signature of Registered Agent: Terrence Zielinski | Date: 11/25/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (Attach copy of letter.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (Attach copy of Assessment or exemption letter.)

13. I do hereby certify that the information contained with this form is accurate, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I do hereby by Section of Corporations from any liability of any subsequent with Section 119.07(3)(i) or any other law for information supplied or omitted herein. I hereby certify that I am an officer or director of this corporation or a person authorized to execute this application on behalf of this corporation, or a person to be charged with the responsibility of filing this annual report for this corporation, that the facts stated herein are true, and that the signature below is the signature of a person authorized to execute this application. I have read the entire legal notice of 607.0123 and 607.0124 and agree to the provisions therein. The information contained on this application is true and accurate, and my signature and have the same legal effect as if made under oath.

SIGNATURE: Terrence Zielinski 11/25/96 954-975-1920