	DI EAGE DEAD	AII INIQT	TRI ICTIONS	REFORE C	OMDI ET	ING THIS EC	DRM	
APPLICATION FLO			L INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			1 64 1733 1931 1		
<u>_</u>	STATEMENT POSOCO	VISION OF CORPORATIONS		97 NOV -3 AM 10: 53				
DOCUMENT # P9300045626 1. Corporation Name -A DANCE, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 9901-W-BOYNTON BEACH-BLVB- \$TE-9 BOYNTON BEACH FL 33436 US		Malling Address -9991-W-BOYTON BEACH BLVD 97E-9 BOYNTON BEACH FL 33436 US						
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable 9816 S. Military Trail Sulte, Apt. #, etc.		sugh incorrect information and enter correction belong. 3. New Mailing Office Address, If Applicable. 9816 S. Military Translite. Apt. #. etc.			Date Incorporated or Qualified To Do Business in Florida O6/28/1993			
Suite City & State	C2-2		C2-2		5. FEI Number	65-0426353	Applied For Not Applicable	
Zip	Country	Zip	Country	/	6. CERTIFICATI	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
			7329 ASHLEY SHORES CIRCLE			LAKE WORTH FL		
101	CONSTABLE, CHRISTOPHER (7029 ASHLEY SHORES CIRCLE			LAKE WORTH F L		
P GRAUSAM, JANET S.			6380 OLD MEDINAH CIRCLE			LAKE WORTH FL		
			6380 Old Medinah Circle			LAKE-WORTH FL		
V/1/D	Grausam, Ronald L 8. Name and Address of Current F			Pro aus L a	VSTAT		stered Agent	
2400 SU ONE SE MIAMI F	****	***** 750.00 City State Zip Code Lake Worth, FL 33463						
10. I, being Signature of	appointed the registered agent of the about	re named corpo	oration, am familiar wit	th and accept the ob	oligations of Secti			
Registered	Agent	GISTERED AG	SENT MUST SIGN			Date	29-97	
	s corporation owes or ha angible Personal Propert			ar Yes 🔲	No 🗵		other side for Information on intangible tax.)	
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in charges FP7 to G17. T.S. Har first beauty, this tenentalization, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507 (207) (ref. 7. P40 to F13. Has at fees owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exemption under section 119.07 (31), F.S. The Information Indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. ****** [5] [1] ***** [5] [1] SIGNATURE:								
SIGNAI	SIGNATURE AND TYPED OR PRI	ITED NAME OF	SIGNING OFFICER OR D	DIRECTOR		Dale	Daylime Phone #	