

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -2 PM 2:54

DOCUMENT # P94000002636(6)

1. Corporation Name
DANCE MOVEMENTS Studio INC.

2. Principal Office Address

12071SW 117 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

3. Mailing Office Address

5255 COLLINS AVE.

Suite, Apt. #, etc.

L-1

City & State

MIAMI BEACH FL

Zip

33140

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

65-0464394

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

MICHELE CARVALHO

600004478726--9

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

5255 COLLINS AVE.

-07/17/01--01016--002

***300.00 ***300.00

Suite, Apt. #, Etc.

L-1

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Michele Carvalho

REGISTERED AGENT MUST SIGN

Date 6-29-01

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	MICHELE CARVALHO	12071SW 117 AVE	MIAMI BEACH FL 33186
V-P	MICHAEL PELLERIN	5255 COLLINS AVE	MIAMI BEACH FL 33140

10. 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., that all 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(3)(i), 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.

SIGNATURE:

Michael Pellerin

MICHAEL PELLERIN

6-28-01

3055323224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



May 29, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

RE.: CORPORATION REINSTATEMENT

Dear Sir or Madam:

We plead that the penalties for the failure to file the annual report for 2000 & 2001 be waived. Notices to renew were never received, probably due to a requested change of mailing address. These penalties would create tremendous hardships for our business.

Enclosed is our reinstatement form with \$300.00 for the years 2000/2001.

Thank you very much for your assistance and understanding. Should you wish to contact us, our tel. is 305-532-3224.

Sincerely,

Michael Pellerin, v-p