

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -4 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036531

1. Corporation Name

Dancing Doll, Inc.

2. Principal Office Address - No P.O. Box #

6830 NW 169TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

SAME

Zip

33015

Country

USA

Zip

SAME

Country

SAME

REINSTATEMENT

CR2E081 (1/07)

03-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1996

5. FEI Number

65-05918101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nelda Acuna

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

6830 NW 169TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nelda Acuna

REGISTERED AGENT MUST SIGN

Date

11-28-07

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
D	ACUNA, NELDA	6830 NW 169TH ST	MIAMI, FL. 33015
D	NEUVO, ELIZABETH	6830 NW 169TH ST	MIAMI, FL. 33015

300112816463

12/04/07--01042--022 **750.00

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 contained in Chapter 119, 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:

Nelda Acuna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-07

Daytime Phone #

Oscar M. Cosio P.A.

282 Pinecrest Drive
Miami Springs, Florida 33166
omcpa@aol.com
786-236-0906 (Cell) 305-883-2099 (Fax)

2/2

November 27, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Dancing Doll, Inc. (P95000036531)

The purpose of this letter is to notify you that it was brought to my attention that my client had had Dancing Doll, Inc. administratively dissolve back in 2003 without my client ever becoming aware of it. She had not received prior notices to the effect as to when amount was due. Enclosed please the Corporation Reinstatement form and a check in the amount of **\$750.00** for the annual report fee (**\$61.25**) for each year **2003-2007** and the Corporate Supplemental Fee (**\$88.75**). Kindly waive the \$600.00 reinstatement fee due to the fact that she had not received prior notice of the annual reports.

If I could be of any further assistance please feel free to contact me.

Sincerely,


Oscar M. Cosio

Cc: Nelda Acuna