

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -5 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071355

1. Corporation Name

TAMPA BALLET CENTER, INC.

2. Principal Office Address

4219 Bay to Bay

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

Hillsborough

3. Mailing Office Address

4219 Bay to Bay

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/1995

5. FEI Number

59-3337526

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

MANOUGIAN, JOSETTE

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

4217 WEST BAY TO BAY BLVD.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33629

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

REGISTERED AGENT MUST SIGN

Date

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	MANOUGIAN, JOSSTTE	4217 WEST BAY TO BAY	TAMPA, FL 33629
D	MANOUGIAN, MANOUG	4217 WEST BAY TO BAY	TAMPA, FL 33629
D	MANOUGIAN, MICHAEL	4217 WEST BAY TO BAY	TAMPA, FL 33629

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

JOHN T. WEAVER, CPA, P.A.

Certified Public Accountant

3601 SWANN AVE, STE 207

TAMPA, FLORIDA 33609

Telephone: 813-870-0084 * Cell Phone 813-785-7374 *** Fax 813-870-0084**

September 3, 2003

Mr. Tyrone Scott
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Corporation Reinstatement
Tampa Ballet Center, Inc.
Document Number: P95000071355**

Dear Tyrone:

Please accept our check for \$ 150.00 to pay the 2003 Uniform Business Report. The client has told me that they never received the annual forms in the mail from the Secretary of State as they usually do. Earlier you told me that the Secretary of State would consider reinstatement if the forms were never received.

The reason this corporation did not file their annual report timely was that they did not receive the UBR. The officer asked me what to do, so I am writing this letter. I had the taxpayer complete a Corporation Reinstatement form because we don't know if the corporation has been dissolved yet. If this is not the correct form, please send us a new UBR to file and we will return it quickly.

Thank you for your assistance in this matter. I appreciate the good job you do. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,



John T. Weaver
Certified Public Accountant