

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086827

D.A.N.C.E., INC.

Principal Place of Business
4952 N. PINE ISLAND ROAD
LAUDERHILL FL

Mailing Address
4952 N. PINE ISLAND ROAD
LAUDERHILL FL

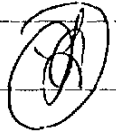
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0635145	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MCMAHON-LAYSTROM, CATHY	6240 SW 15TH STREET	PLANTTION FL 33317
VP	MCMAHON, JODI	6240 S.W. 15TH STREET	PLANTATION FL 33317


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 *****750.00 *****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LAYSTROM, C. WILLIAM JR.		Name	
1177 S.E. THIRD AVE.		Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33316		Suite, Apt. #, Etc.	
		City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent C. William Joseph Jr.
REGISTERED AGENT MUST SIGN

Date 7/24/91

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See 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 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:

Joeli McMaister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

10/24/97 954.746.5646
Date Daytime Phone #