

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 MAR -2 AM 9:56

DOCUMENT # P96000097991

1. Corporation Name

DANCESPORT INC.

400003829414--2

-03/09/01--01141--004

\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

10131 Atlantic Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

Zip

Country

Zip

Country

32225

Duval

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

NOV. 25 1996

5. FEI Number

59-3422886

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

Ralph Ramirez

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

12894 Oakland Hills Ct.

Suite, Apt. #, Etc.

City

Jacksonville

State  
**FL**

Zip Code

32225

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

[Signature]

Date 2/27/01

REGISTERED AGENT MUST SIGN

**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
president	Ralph Ramirez	12894 Oakland Hills Ct.	JACKSONVILLE FL. 32225
president	Sheri Ramirez	12894 Oakland Hills Ct.	JACKSONVILLE FL. 32225

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]

Sheri Ramirez

2/27/01

904-721-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)