

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY 24 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000001300

**1. Corporation Name**

PROFESSIONAL DANCERS ASSOCIATION, INC

~~17100~~ <sup>17150</sup> COLLINS AVE, STE ~~118-158~~ <sup>105-158</sup>  
SUNNY ISLES BEACH FL 33160

**2. Principal Office Address**

~~17100~~ <sup>17150</sup> COLLINS AVE

Suite, Apt. #, etc.

STE 118-158

City & State

SUNNY ISLES BEACH FL

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

33160

Country

DADE

Zip

Country

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

01/07/1998

**5. FEI Number**

65-0804220

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 1999-2002

**7. Name and Address of Current Registered Agent**

Name

SHERMAN STANLEY

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

2501 S OCEAN DR APT 535

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

State  
FL

Zip Code  
33019

300005864013-4  
-06/19/02--01063--014  
\*\*\*1200.00 \*\*\*1200.00

**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

*Stanley Sherman*  
REGISTERED AGENT MUST SIGN

Date *May 24, 2002*

**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
PRES	STANLEY SHERMAN	2501 S OCEAN DR, APT 535	HOLLYWOOD FL 33019
		1050.00 - ADM	
		61.25 - AK	
		88.75 - AR supp	

**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:**

*Stanley Sherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 24, 2002* 786-683.4363  
Date Daytime Phone #