

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000001300

1. Corporation Name

PROFESSIONAL DANCERS ASSOCIATION, INC
~~17100~~ ¹⁷¹⁵⁰ COLLINS AVE, STE ~~118-158~~ ¹⁰⁵⁻¹⁵⁸
SUNNY ISLES BEACH FL 33160

2. Principal Office Address

3. Mailing Office Address

~~17100~~ ¹⁷¹⁵⁰ COLLINS AVE
Suite, Apt. #, etc.
STE 118-158

Suite, Apt. #, etc.

City & State

City & State

SUNNY ISLES BEACH FL

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

01/07/1998

5. FEI Number

65-0804220

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

DADE

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

300005864013-4

-06/19/02--01063--014

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

State
FL

Zip Code
33019

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
Date

786-683-4363
Daytime Phone #

CR2E081 (9/01)