

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JAN 13 AM 8:32

DOCUMENT # **P98000070561**

1. Corporation Name

ONAM ARTS BALLET, CORP.

REINSTATEMENT 00-04

2. Principal Office Address

9640 SW 72 ST

3. Mailing Office Address

(same) 9640 SW 72 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

DADE

Zip

33173

Country

Dade

000025606130

12/18/03--01043--015 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

Filed Date
04/06/1999

5. FEI Number

650812436

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

Roberto G. OMS

000025606130

04/13/04--01093--002 **150.00

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

9640 SW 72 ST

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33173

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

Date **11-14-03**

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	Roberto G. OMS	12813 SW 207 terr	Miami FL 33177
Vice President	Maritza Oms	12813 SW 207 terr	Miami FL 33177
Treasurer	Sara K. OMS	12813 SW 207 terr	Miami FL 33177

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

11-14-03

Date

Daytime Phone #

CR2E081 (10/02)

Ref. No: P98000070561

From: Onam Arts Ballet Co.
To: Department of State
Divisions of Corporations

01-05-04

This letter is to inform your department the reasons why we missed the annual fees for some years. We had moved our address from the 2544 S.W. 19 st Miami, Fl 33145 to our new address at 12813 S.W. 207 terrace Miami, Fl 33177. Since our accountants, by mistake, didn't change the billing address to the new one, your department had been sending the bills to the wrong address. Please, note that our debt had been reduced to \$750.00 (see the enclosure), because we had sent a previous letter similar to this letter explaining the reason.

Thanks before hand for your help.

Sincerely,



Roberto G. Oms
President of Onam Arts Ballet Co.