

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION
REINSTATEMENT**

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 26 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078270

1. Corporation Name

TIPPY TOES PRO DANCE STUDIO, INC

2. Principal Office Address

112 WISE AVE

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

Zip

32578

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

09/04/1998

5. FEI Number

59-3538879

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600006853336--7

-08/01/02--01042--015

****600.00 ****600.00

7. Name and Address of Current Registered Agent

Name

JAMES KEVIN BERRY

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

30 GARDEN LANE

Suite, Apt. #, Etc.

APT 124

City

NICEVILLE,

State
FL

Zip Code
32578

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

REGISTERED AGENT MUST SIGN

Date 07/17/2002

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
DIR	KIMBERLY GAY BERRY	30 GARDEN LANE APT 124	NICEVILLE, FL 32578
DIR	JAMES KEVIN BERRY	30 GARDEN LANE APT 124	NICEVILLE, FL 32578

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)(f), 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

7/17/2002 850-729-0000

Date

Daytime Phone #

7/20/02

Tax Planning • Tax Return Preparation • Bookkeeping

TAXPRO

912 South Palm Boulevard, Suite E • Niceville, FL 32578 • (850) 729-1129

July 17, 2002

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Attached is a request for reinstatement for Tippy Toes Pro Dance Studio, Inc. The owners self-incorporated their business in 1998 and were not aware of the requirement to renew annually. Shortly after they incorporated, they were forced to relocate (twice) and as a result never received any renewal forms or other correspondence from the State of Florida concerning their corporation. They have been in business the entire period, operating as a corporation, and filing taxes as such. The CPA firm they were using for tax work evidently never thought to check on their corporate status, assuming all was in order. We discovered the problem within the past month, when the client came to us to take over their tax preparation.

We request you waive the additional \$600 fee for late renewal due to the circumstances listed above. The corporation was unaware of the requirement to renew, and never received any correspondence from the state informing them of the requirement or their delinquency, and finally, the CPA firm they retained did not address the matter with the client one way or the other.

We have enclosed a check for \$600 to pay for reinstatement. Thank you for your consideration.

Sincerely,


John D Peterson, E.A.