

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P99000029446

1. Corporation Name

RUSSIAN BALLET OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

623 LAKESCAPE COURT
ORLANDO FL 32828

623 LAKESCAPE COURT
ORLANDO FL 32828

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

PLAZA Theater, 421 N. Bumby Ave.

PLAZA Theater

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32803

Country
USA

Zip
32803

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1999

5. FEI Number

59-3569734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	FEDOTOV, VADIM	820 REFLECTIONSCIRCLE NO. 207	CASSELBERRY FL 32707
P/D	Fedotov, Vadim	623 LAKESCAPE CT.	ORLANDO, FL 32828
			8000003472898-2 -11/21/00-01076-007 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

FEDOTOV, VADIM
623 LAKESCAPE COURT
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/16/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

407-896-0309

CR25040 (8/00)

(2)

Dear Sir or Madam:

Please allow me to pay original amount of \$150 for Uniform Business Report. For some reason I did not receive the first notice. It happened probably because I have moved to another address in October 1999 and the letter was lost in the mail. Because my company is very new, I did not the procedure of paying UBR.

When I received a second notice, I sent a payment along with an explanation letter as I was advised by one of the clerks from your Department. A little while ago I received a Certificate of Administrative Dissolution or Revocation. We spoke with Stacy from Reinstatement Section of Division of Corporations. She said that could send new check for \$150 along with explanation letter.

Thank you for your consideration.

Vadim Fedotov,

President.



10-29-00