

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002038

Entity Name: SOUTH FLORIDA BALLET THEATER INC.**Current Principal Place of Business:**2501 S. OCEAN DR.
1709
HOLLYWOOD, FL 33019**Current Mailing Address:**2501 S. OCEAN DR.
1709
HOLLYWOOD, FL 33019 US**FEI Number:** 04-3626450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DECHANE, LYNDIA S. MS.
2501 S. OCEAN DR.
SUITE PH 9
HOLLYWOOD, FL 33019 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LYNDIA DECHANE**09/25/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PATRICIA, ASSEFF
Address 950 S. SOUTHLAKE DR..
City-State-Zip: HOLLYWOOD FL 33019

Title VP
Name DRAGIF, FRIEDA
Address 2421 PARK RD
City-State-Zip: HOLLYWOOD FL 33021

Title SEC
Name DECHANE, LYNDIA SEC
Address 2501 S. OCEAN DR.
#1709
City-State-Zip: HOLLYWOOD FL 33019

Title AAD
Name PITTERSON, HOWARD
Address 3421 PIERCE ST.
City-State-Zip: HOLLYWOOD FL 33020

Title D
Name JAMALADDINE, JUDITH
Address 1049 N SOUTHLAKE DR.
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR OF PHILANTHROPY
Name SIUDMAK, ROBERT DR.
Address 2403 SW 132ND WAY
City-State-Zip: DAVIE FL 33325

Title VP
Name HILL, SEAN RICHARD
Address 2501 S. OCEAN DR.
PH #9
City-State-Zip: HOLLYWOOD FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNDIA DECHANE**REGISTERED AGENT****09/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date