


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003091 1. Entity Name DANCE OLYMPICS INC.	
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FILED
 04 NOV 16 AM 9:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1795 EXPRESS DR. NORTH SMITHTOWN, NY 11787	Mailing Address 1795 EXPRESS DR. NORTH SMITHTOWN, NY 11787
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2. Principal Place of Business <i>1795 EXPRESS DR. N.</i> Suite, Apt. #, etc.	3. Mailing Address <i>1795 EXPRESS DR. N.</i> Suite, Apt. #, etc.
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11022004 REIN-P CR2E098 (6/04)

City & State <i>SMITHTOWN, NY</i>	City & State <i>SMITHTOWN, NY</i>
Zip <i>11788</i>	Zip <i>11788</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 11-2352010	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STONE, ART 3000 N.E. 30TH PLACE SUITE 410 FT. LAUDERDALE, FL 33339	7. Name and Address of New Registered Agent Name <i>STONE ART</i> Street Address (P.O. Box Number is Not Acceptable) <i>2929 E. COMMERCIAL BLVD.</i> <i>STE. 306</i> City <i>FT. LAUDERDALE, FL</i> Zip Code <i>33308</i>
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8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS STONE, ART	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6438 N.W. 32ND WAY		NAME		
STREET ADDRESS	BOCA RATON, FL 48787		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V STONE, NANCY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6438 N.W. 32ND WAY		NAME		
STREET ADDRESS	BOCA RATON, FL 48787		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **PRESIDENT** 11-12-07 851-582-2500 EXT. 116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #