

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

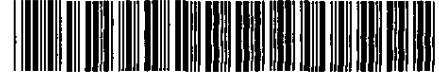
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600024375496

11/03/03--01057--019 **150.00

1. DOCUMENT # L01000018274

Name and Mailing Address

0003278 01 AT 0.292 **AUTO T4 0 0815 32792-667470
CHELLE STACK'S GYMNASTICS, L.L.C.
6870 STAPOINT CT
WINTER PARK FL 32792-6674



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/18/2001

Principal Place of Business
6870 STAPOINT CT
WINTER PARK FL 32792

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number 59-3752450
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

STACK, CHELLE
6870 STAPOINT CT
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/24/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	STACK, CHELLE	6870 STAPOINT CT	WINTER PARK FL 32792

REINSTATEMENT 03/03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date 10/24/03

Daytime Phone # 407-657-8774

Typed or printed name of signing Managing Member/Manager Chelle Stack

CR2E084 (7/03)