PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATI STATEM | | | | DEPART Secretary SION OF C | y of S | | | | FILED 19 PMI | 12: 0 8 | |
|--|--------------------------------------|----------|-----------------|----------------------|---|------------------|---|-----------------------|---|------------------------|----------------------|--|
| DOCUMENT # N0000003211 1. Corporation Name | | | | | | | | | ALLAHASSE, FLORIDA | | | |
| Stars and Stripes Gymnastics Booster Club, Inc. | | | | | | | | 1 O 04/04/ | 00958 0701049 | 3 09 31 5004 | 6 1 **428.75 | |
| 2. Principal Office Address - No P.O. Box # 3. Mailing © 10451 County Line Road 10451 | | | | | Tion Address County Line Road | | | REINSTATEMENT 01-07 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | etc. | | | | orated or Qualifie | ^d May | 5, 2000 | |
| | | | | City & State Spring | g Hill, FL | | | 7 <u>-</u> | 06-17884435 Applied For | | | |
| ^{Z_p} 34609 | 9 | Country | 4 | ^{Zip} 34609 | ^{Zip} 34609 | | SA | 6. | Not Applicat | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | | | |
| Jennifer Rainsberger | | | | | | | | | The reinstatement fee is imposed, except in | | | |
| Street Address (C.O. Box Number is Not Acceptable) 10451 County Line Road | | | | | | | circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | | |
| Sity . State O.4 | | | | | | | 2470 COC | fee be waived. | | | | |
| Spring Hill Spring Hill 34609° | | | | | | | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agen REGISTERED AGENT MUST SIGN | | | | | | | | | Date 3/14/07 | | | |
| 9. Names | and Street A | ddresses | of Each Officer | and/or Director (Fig | orida nonpro | ofit corp | orations must list at I | east 3 directors) | | | | |
| Titles | Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | | 22 | City / State | / Zip | |
| P/D | Jennifer Leonard/Kaye Ballew | | | | 9364 Vancouver Road/18326 Rig | | | Rigsby Road | Spring Hill, F | L 34608/Sp | oring Hill, FL 34610 | |
| V/D | Wanda Acevedo-Rentas | | | | 9381 Bayside Court | | | ırt | Spring Hill, FL 34608 | | | |
| S/D | Patti Deller | | | | 199 Forest Wood Court | | | Court | Spring Hill, FL 34609 | | | |
| T/D | Rose LaMattina | | | | 11 Dahoon Court S. | | | S. | Homosassa, FL 34446 | | | |
| С | Jennifer Benedict | | | | 298 Gulfport Lane | | | Spring Hill, FL 34608 | | | | |
| С | Dawn | Dawn Leo | | | | 13001 Saddle Way | | | | Brooksville, FL 34614 | | |
| 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 filling 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date | | | | | | | | | | | | |