

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 Jun 20 PM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO10000001432

1. Corporation Name

North Miami Gymnastics Club, Inc.

2. Principal Office Address

13250 NE 8 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

12340 NE 9 Ave.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip Country

33161 USA

Zip Country

33161 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/01/2001

5. FEI Number

33-1004768

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mrs. Stacie G. Linden

800006204298-3

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

12340 NE 9 Ave.

07/03/02--01054--017

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Suite, Apt. #, Etc.

City

North Miami

State  
FL

Zip Code

33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Stacie G. Linden*

Date 5-16-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Stacie G. Linden	12340 NE 9 Ave.	North Miami, FL 33161
D	Debra Tewell-Hunt	1012 NE 116 St.	Bisc. Park, FL 33161
D	Tudy Lange	70 NE 96 St.	Miami Shores, FL 33138
T	Jahaira Garcia	745 NW 121 St.	North Miami, FL 33168
T	Dominique Levy	121 NE 209 St.	Miami, FL 33179

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 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:

*Stacie G. Linden*

Stacie G. Linden

5-16-02 (786) 301-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #