PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N01000001531

1. Corporation Name

SIGNATURE:

FILED

02 DEC -3 PM 2:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRO 	JFESSIONAL CHEERL	EADERS ALUI	VINI, INC.				
l l		3. Mailing Office A 4601 Sheridar		T RE	REMSTATEMENT or		
Suite, Apt. #, etc. 222		Suite, Apt. #, etc. 222			rporated or Qualified		
City & State Hollywood, FL		City & State Hollywood, FL	L	5. FEI Numbe	per	Applied For Not Applicable	
I		^{Zip} 33021	Country USA	6.	TE OF STATUS DESIBED 7 \$8	8.75 Additional Fee required for a Certificate of Status	
		7. Name :	and Address of Current Regis	stered Agent			
I	Howard A. Kusnick	Name Howard A. Kusnick					
- -a	Street Address (P.O. Box Number is	90 12/03/	/00093176 /0201044022	5 7'9 **236.2			
· j	Suite, Apt. #, Etc. 505						
i'	City Ft Lauderdale	City Ft Lauderdale				324	
Signature of Registered A	Agent TILLU	A / SULUM REGISTERED AGENT M	MUST SIGN		tion 607.0505 or 617.0503, F.S Date		
9. Names	s and Street Addresses of Each Officer a	and/or Director (Florida no					
Titles	Name of Officers and/or Directo	ors	Street Address of Ea Officer and/or Direct		City / Sta	ate / Zip	
D	Lori Rashbrook		9322 NW 9th Place		Plantation, FL 3332	24	
D	Howard A. Kusnick		300 NW 82nd Avenue #505		Ft. Lauderdale, FL	33324	
D .	John Ferguson	751	751 NW 31st Avenue		Ft. Lauderdale, FL	33311	
				JA 12/5			
				7			
10. I certify	y that I am an officer or director or the rec	eceiver or trustee empowe	red to execute this application a	as provided for in cha	apter 607 or 617, F.S. I further	r 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR