

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP 19 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name Wellington All-Star Cheer and
Dance Association.
NO1000006843

2. Principal Office Address

3125-21 Fortune Wy
Suite, Apt. #, etc.

3. Mailing Office Address

8169 Nevis PL
Suite, Apt. #, etc.

City & State

Wellington

Zip

FI

Country

USA

City & State

Wellington.

Zip

FI

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept 21, 2001

5. FEI Number

65-1141101

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

9/19/05 01050 016 -358.75

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Marian Ronk

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

8169 Nevis PL

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Marian Ronk

Date 09/20/05

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
<u>D</u>	<u>Haroldo Garcia</u>	<u>8169 Nevis PL</u>	<u>Wellington, FI, 33414</u>
<u>D</u>	<u>Lee Ann Lamb</u>	<u>1049 Goldenrod Rd.</u>	<u>Wellington FI 33414</u>
<u>D</u>	<u>Michelle Murae</u>	<u>2143 Island Shore Dr.</u>	<u>Wellington, FI, 33414</u>
<u>D</u>	<u>Marian M. Ronk</u>	<u>8169 Nevis PL</u>	<u>Wellington, FI, 33414</u>

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:

Marian Ronk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/05

Date

561
304-4119

Daytime Phone #

nm 9/23