

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 020 0000 5362**

1. Corporation Name

**SUNSHINE CHEERLEADERS
ASSOC. INC**

REINSTATEMENT 83

400024805374
11/18/03--01055--012 **236.25

2. Principal Office Address

3408 W. MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

3408 W MAIN ST

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-02

5. FEI Number

01-0724262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

USA

Zip

33607

Country

USA

7. Name and Address of Current Registered Agent

Name

GARY JIMENEZ

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

3408 W MAIN STREET

Suite, Apt. #, Etc.

City

TAMPA

FL

33607

State

FL

Zip Code

33607

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/3/03

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
P	DOUGLAS BROWN	3408 W. MAIN ST	TAMPA FL 33607
T	GARY JIMENEZ	317 W COMMANCHEST	TAMPA FL 33604
V	BRUCE GRIMES	310. SKY. AVE	Safety Harbor FL,
S	Ruben Vega	2011 DARLINGTON DR.	TAMPA FL 33619
C	Arlene Frisk	3408 W MAIN ST	TAMPA FL 33607

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:

[Signature]

GARY C JIMENEZ

Date

11/3/03

Daytime Phone #

813 8712487

CR2E081 (10/02)

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