

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000830

1. Corporation Name

T.S.H.S. CHEERLEADERS, INC.

Principal Place of Business

1411 GULF RD.
TARPON SPRINGS FL 34689

Mailing Address

1411 GULF RD.
TARPON SPRINGS FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

7. Date incorporated or qualified
To Do Business in Florida

12/16/1992

5. FEI Number

59-3186656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FODOR, ANITA	451 OXFORD RD.	PALM HARBOR FL
VD	KEMP, TERESA	1305 DISSTON AVE	TARPON SPRINGS FL 34689
VD	Bangor, Linda	1411 GULF RD.	TARPON SPRINGS FL 34689
SD	WILLIAMS, DONNA	1411 GULF RD	TARPON SPRINGS FL 34689
TD	HENDERSON, KEN	1411 GULF RD.	PALM HARBOR FL 34689
D	DEAL, DEIRDRE K.	1411 GULF RD.	TARPON SPRINGS FL

8. Name and Address of Current Registered Agent

DEAL, DEIRDRE K.
1411 GULF RD.
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Deirdre K. Deal

REGISTERED AGENT MUST SIGN

Date

11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

DEIRDRE K. DEAL Deirdre K. Deal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/97

813-

943-94900

Daytime Phone #

CR2E040 (8/97)