

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 16 AM 11:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000246

1. Corporation Name

Gym Force All Star Cheerleader
Boosters Association, Inc

2. Principal Office Address

2855 Industrial Plaza

Suite, Apt. #, etc.

3. Mailing Office Address

2855 Industrial Plaza Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-16-97

5. FEI Number

59-3420610

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

Jim Hisey

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

2855 Industrial Plaza Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jim Hisey

REGISTERED AGENT MUST SIGN

Date

10-1-06

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
PD	Dee Dee Rudd	1949 Celtic Rd	Tallahassee, FL 32317
VD	Dana Winkler	166 Sandy Creek Rd	Havana FL 32333
SD	Shay Chapman	1432 Tung Hill Dr	Tallahassee, FL 32317
TD	Keantha Belton	4140 Pond Cypress Ct	Tallahassee, FL 32310

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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 contained in Chapter 119, 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:

Dee Dee Rudd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee Dee Rudd, President

Date

9/30/06 850-509-5109

Daytime Phone #