


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL -6 PM 2: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N 9700000 4445</u>					
1. Corporation Name <u>ALL Florida Gymnastics Association, Inc.</u> <u>400 Gold medal Ct.</u> <u>Longwood, FL 32750</u>					
2. Principal Office Address <u>400 Gold medal Ct</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>400 Gold medal Ct</u> Suite, Apt. #, etc.		
City & State <u>Longwood, FL</u>			City & State <u>Longwood, FL</u>		
Zip <u>32750</u>	Country <u>USA</u>	Zip <u>32750</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>593463338</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Anne M. Musto</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>502 Saddlewood RD</u>					
Suite, Apt. #, Etc. <u>800057069678</u>					
City <u>Winter Springs</u>					
				State <u>FL</u>	Zip Code <u>32708</u>
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 <u>Anne M. Musto</u> Date <u>7/5/05</u>					
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		
P	Janet Derner	384 Eagle Creek Cir.	Lake Mary, FL 32746		
S	Pamela McHune	1004 Vernon Loop	Oviedo, FL 32765		
T	Anne Musto	502 Saddlewood Ln	Winter Springs, FL 32708		
D	Kathy Potter	535 Saddlewood Ln	Winter Springs, FL 32708		
V P	Vicki Johnston	13 Tymber Cove	Deland, FL 32724		
D	Melynda Hani	1821 Ashland Trail	Oviedo, FL 32765		
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: <u>Anne M. Musto</u> <u>Anne M. Musto</u> <u>7/5/05</u> <u>407 327-7419</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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