APPLICATION: FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT,# N9900002069

Corporation Name

FLORIDA KEYS GYMNASTIC BOOSTER CLUB, INC.

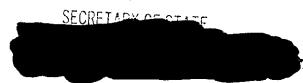
Principal Place of Business

Mailing Address

30364 QUAIL ROOST TRAIL BIG PINE KEY FL 33043

30364 QUAIL ROOST TRAIL BIG PINE KEY FL 33043

FILED 01 APR -2 PM 3-41



If above addresses are incorrect in any way, line through incorrect information and enter correction below.												
2. New Prin	ddress, If Applicable	ng Office Address, If Applicable			Date Incorporated or Qualified							
Suite, Apt. #, etc. Suite, Apt.				l atc			To Do Business in Florida 04/02/1999					
Suite, Apr. 4. etc.				GIO.			5. FEI Number			Т	Applied For	
City & State City & State							94410NB 62-091-0080				Not Applicable	
Zip Country			Zip Country				58.75 Additional Fee required					
Zip Godini y			Zip				CERTIFICATE	CATE OF STATUS DESIRED 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)												
Title(s)	Name of Officers and/or Directors 2			Street Address of E Officer and/or Dire								
D	HWW SUSAN B NAREN GIBSON			<u>たられるまでしょうい 816054 XOB OP</u> でそろし どろN			BUA FISH	BIG PINE KEY FL 33043- VES WEST FL 33040				
D	RAWSON,	549 POWELL AVE. P.O. 120x 43045			436426	LIFFLE TORCH KEY FL 33042 SUMMER LAND THE 33042						
D	MEYER BETH GABRIELE OSTROWIGH			632 BLACKBEARD FLO FRADX			100 (ARCLE	MEZ WES	EY-FL-33	042 <u>2</u> 3	53040	
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•						- 70 3 8 ^m		-04/11/		1107	7028	
*****297.50 *****297.50												
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent					
IDMINI ONIGATIO: Programme Control Con								RIELE OSTROWICKI.				
IRWIN, SUSAN R								O Box Number is Not-Acceptable) VRADO (120LE				
BIS PINE KEY FL 33043 740 PRADO-CIRCLE Suite, Apt. #, Etc.												
.			UEST P	L330)YO	City KEY	WEST	-	State	Zip Co	3040	
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 Date 3 - 30 - 01										-01		
11. 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 AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date												