

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002069

1. 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

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

7410 NR 65-091-0080

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	IRWIN, SUSAN R. KAREN GIBSON	PO BOX 430918 2215 FOGARTY AVE KEY WEST	BIG PINE KEY FL 33043 KEY WEST FL 33040
D	RAWSON, TERESA D. ROBIN HENNINGER	549 POWELL AVE. P.O. BOX 420456	LITTLE TORCH KEY FL 33042 SUMMERLAND FL 33042
D	MEYER, BETH GABRIELE OSTROWICKI	632 BLACKBEARD 740 PRADO CIRCLE	LITTLE TORCH KEY FL 33042 KEY WEST FL 33040

REINSTATEMENT DO O

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-04/11/01--01107--028
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IRWIN, SUSAN R.
30364 QUAIL ROOST TRAIL
BIG PINE KEY FL 33043

GABRIELE OSTROWICKI
740 PRADO CIRCLE
KEY WEST FL 33040

Name GABRIELE OSTROWICKI

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

740 PRADO CIRCLE

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

GABRIELE OSTROWICKI
REGISTERED AGENT MUST SIGN

Date

3-30-01

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:

GABRIELE OSTROWICKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01 305 849 8143