

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007048**

1. Corporation Name

INTERNATIONAL RHYTHMIC GYMNASTICS, INC.

Principal Place of Business

Mailing Address

7580 KESTREL DRIVE
JACKSONVILLE FL 32222

P.O. BOX 440207
JACKSONVILLE FL 32222

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

08/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3130795

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
EDP	FERNANDEZ, MAYRA E BEAVER, MAYRA ELISA F.	7580 KESTREL DRIVE	JACKSONVILLE FL 32222
S	RAMOS, DORA L	1563 PAWNEE STREET	ORANGE PARK FL 32065
TD	COCHRAN, NITZA T	7580 KESTREL DRIVE	JACKSONVILLE FL 32222
D	JUSTICE, KEZIA S	1824 NORTH LAURA	JACKSONVILLE FL 32206

100024013121
10/22/03--01048--006 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, MAYRA E BEAVER, MAYRA ELISA F.
7580 KESTREL DRIVE
JACKSONVILLE FL 32222

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Mayra Elisa F. Beaver
REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Mayra Elisa F. Beaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)