

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023502

1. Corporation Name

CHEER & DANCE MANIA, INC.

Principal Place of Business

11702 SAN JOSE BOULEVARD #9A
JACKSONVILLE FL 32223

Mailing Address

11702 SAN JOSE BOULEVARD #9A
JACKSONVILLE FL 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2001

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEISS, CINDY E	1152 DOVER DRIVE	JACKSONVILLE FL 32216

700008769727
11/04/02--01010--004 **150.00

8. Name and Address of Current Registered Agent

WEISS, CINDY E
1152 DOVER DRIVE
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/25/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 (904) 880-7551

CR2E040 (8/02)



**GRENADIER, HOWARD
& ASSOCIATES, P.A.**

Certified Public Accountants

Edward J. Grenadier, CPA
John W. Howard, CPA

*American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
CPA Associates International, Inc.
Financial Consulting Group, L.C.*

October 25, 2002

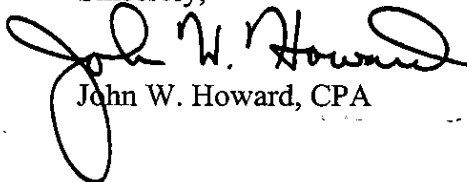
Division of State
Division of Corporations
PO BOX 6327 -
Tallahassee, FL 32314

RE: Cheer & Dance Mania, Inc.
Document # PO1000023502

Dear Sirs:

Our client, Cindy Weiss, has requested that we respond to the notice of administrative dissolution or revocation of the above mentioned corporation. It is our understanding that the client has not received a notice prior to this notice and respectfully requests that the reinstatement fee be waived. Please find enclosed the completed application and a check for \$150.00.

Sincerely,



John W. Howard, CPA

Cc: Cindy Weiss

ENCLOSURES

JWH/krm