

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # P01000080329

1. Corporation Name

NORTH FLORIDA CHEER CENTER, INC.

Principal Place of Business

Mailing Address

369 BLANDING BLVD., STE. 1006
ORANGE PARK FL 32073

3127 FIELD CREST DR.
MIDDLEBURG FL 32068

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

08/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3739316

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HORTON, THERESE B	3127 FIELD CREST DR.	MIDDLEBURG FL 32068

8. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR, LLM
1279 KINGSLEY AVE., STE. 117
ORANGE PARK FL 32073

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Theresa B. Horton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/02
904-291-8841

CR2E040 (9/02)

NORTH FLORIDA CHEER CENTER, INC.
369 BLANDING BLVD. # 1006 ORANGE PARK, FL. 32068
904-272-8722
3127 FIELD CREST DR. MIDDLEBURG, FL. 32068 (MAILING ADDRESS)

12/10/02

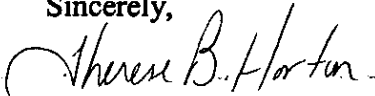
To Whom it may concern:

This letter is in response to the Notice of Administrative Dissolution or Revocation that was received. Please know that the prior notices for the 2002 UBR were not received and I would like to request the reinstatement fees be waived.

Enclosed you will find the application for reinstatement. In addition, I would like to request a certificate of status.

Your consideration in this matter is greatly appreciated.

Sincerely,



Therese B. Horton
Director/owner North Florida Cheer Center, Inc.