

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 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084198

1. Corporation Name

X-TREME ELITE ALL-STAR CHEERLEADING, INC.

Principal Place of Business

707 SAMMS AVE  
SUITE H-1  
PORT ORANGE FL 32129

Mailing Address

707 SAMMS AVE  
SUITE H-1  
PORT ORANGE FL 32129

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

08/24/2001

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	SASSER, JERRY	707 SAMMS AVE., SUITE H-1	PORT ORANGE FL 32129
<del>D</del>	<del>FARLER, KIMBERLY</del>	<del>5884 WOODPOINT TERRACE</del>	<del>PORT ORANGE FL 32129</del>

600008814606  
11/05/02--01107--025 \*\*150.00

8. Name and Address of Current Registered Agent

~~FARLER, KIMBERLY~~  
~~5884 WOODPOINT TERRACE~~  
~~PORT ORANGE FL 32129~~  
Sasser, Jerry  
707 Samms Ave  
Suite H-1  
Port Orange FL 32129

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

REGISTERED AGENT MUST SIGN

Date

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JERRY SASSER

10/23/02 (386) 788-8580

Date

Daytime Phone #

CR2E040 (8/02)

2

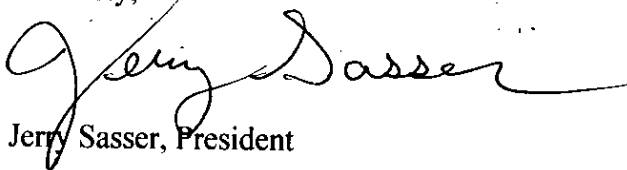
**X-TREME ELITE ALL-STAR CHEERLEADING, INC.  
707 SAMMS AVE  
SUITE H-I  
PORT ORANGE, FL 32129**

October 23, 2002

To Whom It May Concern,

I received the notice of dissolution for my Corporation. I incorporated my business last year and was unaware that I was required to pay a fee annually. At the time the renewal fee was due, I assume my partner who is no longer with the Corporation, received it and did not take care of it nor did my partner show it to me. This is all new to me. I have enclosed a check for the annual fee of \$150 and ask that you please waive the penalty fee.

Sincerely,

  
Jerry Sasser, President