

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 31 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084214

1. Corporation Name

Spirit Cheer Inc

Fax ID # 04084838

2. Principal Office Address

1809 E. Broadway St.

Suite, Apt. #, etc.

Suite 339

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

02

5. FEI Number

46-0484838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Pave

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

1809 E. Broadway St.

Suite, Apt. #, Etc.

Suite 339

City

Oviedo, FL

State

Zip Code

FL 32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

1/3/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Robert Eckridge	307 Springhill Dr.	Paris, Ky. 40361
T	Sheri Pave	14149 Deerlake Dr.	Orlando, FL 32826
P	Mike Pave	1809 E. Broadway St. 339	Oviedo, FL 32765

10. 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)(d), 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:

Michael Pave

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/05

Daytime Phone #

407-306-7882

Spirit
CHEER



1/3/05

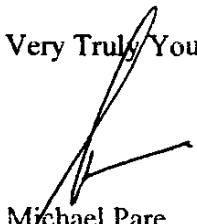
Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Spirit Cheer Inc.

Enclosed please find a corporate reinstatement form and a check for \$78.75. We are not receiving any forms from the State of Florida, please make sure the proper address listed on our form is updated in your system.

If you should have any questions concerning this matter, please contact the undersigned.
Thank you in advance for your prompt attention to this matter!

Very Truly Yours,



Michael Pare
1809 E. Broadway St. Suite 339
Oviedo, FL 32765

"Inspiring the Next Generation of Athletes"

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