

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000095561

Entity Name: BAY CITY GYMNASTICS INC.

FILED  
Sep 23, 2007  
Secretary of State

## Current Principal Place of Business:

9305 BALM RIVERVIEW DR.  
RIVERVIEW, FL 33569

## New Principal Place of Business:

9305 BALM RIVERVIEW RD.  
RIVERVIEW, FL 33569

## Current Mailing Address:

9305 BALM RIVERVIEW DR.  
RIVERVIEW, FL 33569

## New Mailing Address:

9305 BALM RIVERVIEW RD.  
RIVERVIEW, FL 33569

FEI Number: 74-3067560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HENSON, JANET L  
9305 BALM RIVERVIEW DR.  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANET HENSON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HENSON-COUNTS, JULIE  
Address: 11811 SHADOW RUN BLVD.  
City-St-Zip: RIVERVIEW, FL 33569

Title: V ( ) Delete  
Name: HENSON, ROBERT  
Address: 11811 SHADOW RUN BLVD.  
City-St-Zip: RIVERVIEW, FL 33569

Title: S (X) Delete  
Name: HENSON, JANET  
Address: 11811 SHADOW RUN BLVD.  
City-St-Zip: RIVERVIEW, FL 33569

Title: T (X) Delete  
Name: COUNTS, DANNY  
Address: 1181 SHADOW RUN BLVD.  
City-St-Zip: RIVERVIEW, FL 33567

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENSON-COUNTS, JULIE  
Address: 6310 GONDOLA DR.  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: V (X) Change ( ) Addition  
Name: COUNTS, DANIEL  
Address: 6310 GONDOLA DR.  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE HENSON-COUNTS

P

09/23/2007

Electronic Signature of Signing Officer or Director

Date