

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047120

1. Entity Name  
TAMPA CHEER AND TUMBLE, INC.



Principal Place of Business  
7429 OAKVISTA CIRCLE  
TAMPA, FL 33634

Mailing Address  
7429 OAKVISTA CIRCLE  
TAMPA, FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-0894635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRYE, BRIAN G  
7429 OAKVISTA CIRCLE  
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brian G. Frye BRIAN G. FRYE REGISTERED AGENT 12-1-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FRYE, BRIAN G  
STREET ADDRESS 7429 OAKVISTA CIRCLE  
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☐ Delete  
NAME FRYE, ANN R  
STREET ADDRESS 7429 OAKVISTA CIRCLE  
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☐ Delete  
NAME JIMENEZ, GARY  
STREET ADDRESS 317 W COMMACHE STREET  
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800062442168  
STREET ADDRESS 12/28/05--01045--009 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT 05  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME T. Roberts DEC 28 2005  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian G. Frye BRIAN G. FRYE 12-1-05 8138865773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 DEC 28 PM 2:09  
TALLAHASSEE, FLORIDA

