

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAR 11 AM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD4000097000

1. Corporation Name

First City Gymnastics Incorporated

2. Principal Office Address - No P.O. Box #

65 E Olive Rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32514

Country

USA

3. Mailing Office Address

65 E Olive Rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32514

Country

USA

7. Name and Address of Current Registered Agent

Name

Sabrina Davidson

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

13948 River Rd

Suite, Apt. #, Etc.

1-A

City

Pensacola

State

FL

Zip Code

32507

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

Sabrina Davidson

Date

3/4/08

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Kimberlie Gibson</u>	<u>13948 River Rd 1-A</u>	<u>Pensacola, FL 32507</u>
<u>V</u>	<u>Sabrina Davidson</u>	<u>13948 River Rd 1-A</u>	<u>Pensacola, FL 32507</u>

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 contained in Chapter 119, 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:

Sabrina Davidson Sabrina Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/08

Daytime Phone #

850-474-1068

REINSTATEMENT 0509

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

6/25/04

5. FEI Number

20-1308518

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.