

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 AM 8:55

DOCUMENT # P05000122708

1. Corporation Name

TNT Gymnastics + Fitness
Complex, Inc.

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

2683 St. Johns Bluff Rd. S

3. Mailing Office Address

Same

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32246

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

74-3151752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (4/10)

7. Name and Address of Current Registered Agent

Name

Devon Greenmun

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

3751 Arrow Forest Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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

Devon Greenmun

REGISTERED AGENT MUST SIGN

Date 4/28/2010

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
PHS.	Denise Brumsey	203 Pablo Point Dr. JAX, FL 32225	JAX, FL 32225
VICE PRES.	Devon Greenmun	3751 Arrow Forest Dr.	JAX, FL 32257
SEC.	Devon Greenmun	Same	Same
THAS.	Denise Brumsey	Same	Same
REINSTATEMENT PL-10			
B 5/6/10			

10. E-mail Address: tntgym2005@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Devon Greenmun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2010 904-254-5148

Date

Daytime Phone #