

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37366

1. Corporation Name

VARSITY SPIRIT CORPORATION

Principal Place of Business

%MR. JOHN NICHOLS
2525 HORIZON LAKE DRIVE, SUITE 1
MEMPHIS TN 38133

Mailing Address

%MR. JOHN NICHOLS
2525 HORIZON LAKE DRIVE, SUITE 1
MEMPHIS TN 38133

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3
PCD	WEBB, JEFFREY G.	2525 HORIZON LAKE DR., #1
VO T	WEBB, GREGORY C. John Nichols	2525 HORIZON LAKE DR., #1
ST SD	DUNSEATH, ROBERT W. Lisa Marroni	2525 HORIZON LAKE DR., #1 900 3rd Ave 27th Floor
D	GORDON, ALAN D. David Maurer	20 N. WACKER 900 3rd Ave 27th Floor
D	STURGES, RANDALL S. David Groelinger	20 N. WACKER 900 3rd Ave 27th Floor
D	WILLIS, WILLIAM	9315 DEMOCRAT ROAD

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 4-15-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(i), 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:

John M. Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 APR 19 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-990
120
4/19/99

01/31/1992

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

62-1169661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

9000002857349--2

-04/29/99-01113--016

****750.00 ****750.00

MEMPHIS TN

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New York, NY 10022

CHICAGO IL New York, NY 10022

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MEMPHIS TN

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