

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

Mailing Address

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

%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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
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

9000002857349--2
 -04/29/99-01113--016
 ****750.00 ****750.00
 MEMPHIS TN
 MEMPHIS TN
 MEMPHIS TN
 New York, NY 10022
 CHICAGO IL
 New York, NY 10022
 CHICAGO IL
 New York, NY 10022
 MEMPHIS TN

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. 9000002857349--2
 City -04/29/99-01113--017
 ****150.00 ****150.00
 FL

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

Date 4-15-99

REGISTERED AGENT MUST SIGN

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

4/5/99 (901)387-4300
 Daytime Phone #

REINSTATEMENT

FILED
 99 APR 19 PM 12:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



98-990
 4/19/99

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1992

5. FEI Number

62-1169661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9-88)