PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
APPLICATION	FLORIDA DEPARTMENT OF	STATE APPROVED
	Katherine Harris	AND
FOR	Secretary & State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	s
DÖCUMENT # DO ON	2-0	00 JAN 19 PM 1:13
	1199513	
1. Corporation Name	1000	SECRETARY OF STATE
		TALLAHASSEE, FLORIDA
CHEER 1, INC.		6000031118163
Principal Place of Business	Mailing Address	-01/26/0001108022
4215 Southpoint Blvd.	Same	****150.00 ****150.00
Suite 100		6000031118163
Jacksonville, FL 32216		-01/26/0001108023
•		****758.00 ****758.00
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and enter correction 3. New Mailing Office Address, If Applicate	
329 Parkridge Ave.	Same	4. Date Incorporated or Qualified To Do Business in Florida February 25, 1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
#7 City & State	City & State	5. FEI Number 59 349 549 Applied For Not Applied For
Orange Park, FL		Not Applicable
-Zip - Country - Country	-Zip	CERTIFICATE OF STATUS DESIRED .
32065 U.S.A.7. Names and Street Addresses of Each Officer and/o	Pineter /Florida populati corporations mu	uet liet at least 3 directors)
Names and Street Addresses of Each Officer and/o		ress of Each
Title(s) and/or Directors	Officer and	//or Director City / State / Zip Office Box Numbers) 4
	(20)	
Pres./ Direc. Bradford A. Malaier	329 Parkridge	Ave., #7 Orange Park, FL 32065
Direc. Diagram 11, 12111111	323 Tallitage .	Orange Train, 12 Speed
};		1 10
		Q ATIV
		A TENE
		SENIE PRESENTE
		P.E.
8. Name and Address of Current F	anistered Agent	9. Name and Address of New Registered Agent
	Name	9
Michael_NSchneider		Bradford A. Malaier t Address (P.O. Box Number is Not Acceptable)
4215 Southpoint Blvd.	Street	329 Parkridge Ave.
Suite 100	Suite,	. Apt. #, Etc. #7
Jacksonville, FL 32216	City	
Ora		Orange Park State Zip Code 32065
10. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Periphered Agent 12/14/99		
Registered Agent V	GISTERED AGENT MUST SIGN	Date
dd This same action asses the		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)		
Intaligible Personal Property Tax due 30the 30.		
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 filling		
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 of 617.0401, F.S., that all rees 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.		
904/260-3121		
SIGNATURE: SIGNATURE AND TIPED OR PRI	ITED NAME OF SIGNING OFFICER OR DIRECTO	Date Daytime Phone #