

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048283

1. Corporation Name

FLORIDA ALLSTAR CHEER & DANCE ACADEMY, INC.

Principal Place of Business

1206 CALLISTA AVE.
VALRICO FL 33594

Mailing Address

1206 CALLISTA AVE.
VALRICO FL 33594



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

2. New Principal Office Address, If Applicable

1921 Erin Brooke Dr.

3. New Mailing Office Address, If Applicable

1921 Erin Brooke Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

5. FEI Number

59-3512084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FISHER, TERRANCE P	1206 CALLISTA AVE. 1921 Erin Brooke Dr.	VALRICO FL 33594
			9000003038599--2
			-11/08/99--01123--008
			***150.00 ***150.00
			Sp

8. Name and Address of Current Registered Agent

FISHER, TERRANCE P
1206 CALLISTA AVE.
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name
Terrance P. Fisher
Street Address (P.O. Box Number is Not Acceptable)
1921 Erin Brooke Dr.
Suite, Apt. #, Etc.

City
Valrico

State
FL

Zip Code
33594

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

Terrance P. Fisher

REGISTERED AGENT MUST SIGN

Date 10/29/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

Terrance P. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/99
Date

813-693-6111
Daytime Phone #

FLORIDA ALLSTAR CHEER & DANCE ACADEMY, INC.
1921 Erin Brooke Drive
Valrico, FL 33594

October 29, 1999

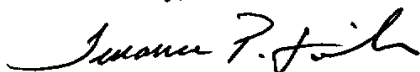
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen,

I am writing you concerning the Application for Reinstatement for our corporation. This is only the second year of our corporation and I was not aware of the filing of the Annual Report. I took over all operations of the corporation in June, 1999. I have questioned the previous person in charge, and he stated he had never received the Annual Report. We are a small business corporation and the reinstatement fees would be a considerable hardship on our corporation. I am returning the completed form with a check for \$150.00 and ask that you please abate the reinstatement fee for the reasons stated above.

Thank you for your cooperation in this matter.

Sincerely,



Terrance P. Fisher