

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000085404

1. Corporation Name

CHEER CHAMPS, INC

2. Principal Office Address

3408 W. MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

3408 W. MAIN ST

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

2001-2002 VBR

10/17/02 01043008 \$308.75

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/99

5. FEI Number

59-3587232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATTY HENSLEY - ACCOUNTING PROFESSIONALS

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

12421 N. FLORIDA AVENUE

Suite, Apt. #, Etc.

SUITE-B-125

City

TAMPA

State

FL

Zip Code

33612

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

*Patty Hensley*  
REGISTERED AGENT MUST SIGN

Date 11-21-02

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
P	JACALYN KIRSCHNER	345 BAYSHORE BLVD #412	TAMPA, FL 33604

10. 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:

*Jacalyn Kirschner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02  
Date

813-382-8885  
Daytime Phone #

CR2E081 (9/01)