PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETIN[illegible]

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[illegible] of State
DIVISION OF CORPORATIONS

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 10 PM 4:01

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DOCUMENT # S14795

1. Corporation Name
BROADWAY GYMNASTICS INC.

2. Principal Office Address	3. Mailing Office Address
1026 NANCY CIR	542 S. ECON CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS FL	City & State: OVIEDO, FL
Zip: 32708 Country: US	Zip: 32765 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1991

5. FEI Number: 593038862 ☐ 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: Tommy J. LENZINI
Street Address (P.O. Box Number Is Not Acceptable): 1026 NANCY CIRCLE
Suite, Apt. #, Etc.:
City: WINTER SPRINGS State: FL Zip Code: 32708

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: [signature] REGISTERED AGENT MUST SIGN Date: 4-29-02

CR2E081 (9/01)

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	TOMMY J LENZINI	1026 NANCY CIR	WINTER SPRINGS FL 32708
VP	STEPHANIE SAVAS	" "	" "

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: [signature] Tommy J. LENZINI 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON