

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 21 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09260

1. Corporation Name

Palm Bay Youth Softball Association, Inc.

2. Principal Office Address

1525 Nona Street, N.E.

3. Mailing Office Address

P.O. Box 501095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL 32907

City & State

Malabar, FL 32950-1095

Zip

32907

Country

USA

Zip

32950-1095

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 05/13/1985

5. FEI Number

Not Applicable

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ~~REINSTATEMENT~~

7. Name and Address of Current Registered Agent

Name

Mary Goelz

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

1525 Nona Street, N.E.

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

400003115054-9
-01/28/00-01095-005
****297.50 ****297.50

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

Mary I. Goelz
REGISTERED AGENT (MUST SIGN)

Date

1-18-00

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/D	Mary Goelz	1525 Nona Street, N.E.	Palm Bay, FL 32907
VP/D	Tom Shepherd	1024 Newbern St. NE	Palm Bay, FL 32905
S/D	Jeff Lies	141 Aquarius Avenue, S.E.	Palm Bay, FL 32909
T/D	Anne Reid	740 Wildbriar Road	Palm Bay, FL 32950
D	Dee Parton	1813 Cleveland Street, N.E.	Palm Bay, FL 32905
D	Tricia Smith	1199 Dorchester Road, N.W.	Palm Bay, FL 32907

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:

Mary I. Goelz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

321-729-4805

Daytime Phone #

KE