

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 18 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18010

1. Corporation Name

Manatee Girls Softball, Inc.

Principal Place of Business

Mailing Address

P. O. Box 14237
Bradenton, Fl. 34205

P. O. Box 14237
Bradenton, Fl. 34205

REINSTATEMENT 96-97
A. alamy
11/18/97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2754106

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	Sharon Kingston	3602 54th St. W. Unit D-1	Bradenton, Fl. 34209
DVP	Angie Anderson	5203 12th Ave. Dr. W.	Bradenton, Fl. 34205
DS	Beth King	416 40th St. Crt. N.W.	Bradenton, Fl. 34209
DT	Mona VanCott	6224 Columbia Drive	Bradenton, Fl. 34207

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~~11/20/97-01085-017~~
****297.50 ****297.50

8. Name and Address of Current Registered Agent

Sharon Kingston
3602 54th St. W.
Unit D-1
Bradenton, Florida 34209

9. Name and Address of New Registered Agent

Name
D. Robert Hoyle
Street Address (P.O. Box Number is Not Acceptable)
2401 Manatee Avenue West
Suite, Apt. #, Etc.
City
Bradenton
State
FL
Zip Code
34205

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

D. Robert Hoyle
REGISTERED AGENT MUST SIGN

Date 10/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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:

D. Robert Hoyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (441)748-8778
Date Daytime Phone #

CR2E040 (12/96)