

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005714**

99 NOV -8 PM 2:27

1. Corporation Name
FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.

600003045996--4

-11/16/99--01080--008

***236 25 ***236 25

Principal Place of Business Mailing Address
710 BRECKENRIDGE DRIVE 710 BRECKENRIDGE DRIVE
PORT ORANGE FL 32127 PORT ORANGE FL 32127



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/04/1996
5. FEI Number	59-3423029
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
C	SHEETS, JERRY	710 BRECKENRIDGE Rd. 1110 MEDITATION LOOP	PORT ORANGE FL, 32127
V	Lupo, GEORGE HALENKAMP, ROB-T	125 Country Villages Drive 2331 WILLOW TREE TRAIL	SAFETY HARBOR, FL CLEARWATER FL 33763 33572
D	STRAUSS, RUDY	8502 NW 21ST CT	SUNRISE FL 33322
D	SANTELO, RICHARD	22196 BUFFALO AVE	PORT CHARLOTTE FL 33952
D	TOWNLEY, JOHN	913 SE 14TH CT	DEERFIELD BEACH FL 33441
D	FISHER, BRUCE	11121 HARBOUR SPRINGS CIR	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHEETS, JERRY 1110 MEDITATION LOOP - 710 BRECKENRIDGE DR. PORT ORANGE FL 32127		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: *Jerry Sheets* Date: 10/21/99
REGISTERED AGENT MUST SIGN

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: *Jerry Sheets* *Jerry Sheets* 10/21/99 904-760-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #