


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000005214 1. Entity Name J.P.T. GIRLS' FASTPITCH SOFTBALL BOOSTER CLUB, INC.	
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FILED

07 NOV 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O ANTHONY ABRAMS CORAL SPRINGS, FL 33071	Mailing Address 562 NW 108 AVE CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # 8553 NW 8th Court	3. Mailing Address 8553 NW 8th Court
Suite, Apt. #, etc. c/o Susan Huffman	Suite, Apt. #, etc. c/o Susan Huffman
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

11062007 REIN-NP	CR2E099 (1/07)	
4. FEI Number 65-0860307	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent ABRAMS, ANTHONY 562 NW 108 AVE CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Susan Huffman Street Address (P.O. Box Number is Not Acceptable) 8553 NW 8th Court City Coral Springs, FL Zip Code 33071
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  Susan A. Huffman, Secretary 11/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LEVINE, NEIL 370 NW 111 AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete BROWN, KEN 10698 NW 2ND PL CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete ABRAMS, ANTHONY 562 NW 108 AVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH 11-07 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan A. Huffman 8553 NW 8th Court Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steve Lucas 1382 NW 100th Ave Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robyn Gomes 1236 NW 91st Avenue Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112383947 11/16/07--01045--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Susan A. Huffman, Sec. 11/5/07 953-765-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #