

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 JAN 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 163786

1. Corporation Name

MISS FLORIDA SOFTBALL, INC.

Principal Place of Business

Mailing Address

4359 Diamond Road
Winter Haven, FL 33880

300002410433--0
-01/23/98--01084--005
****551.25 ****551.25

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

6-17-82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	TAMMY L. CAMECHIS "D"	4359 DIAMOND ROAD "D"	WINTER HAVEN, FL 33880
V-PRES.	LOY CONNER "D"	695 S. OAK AVENUE "D"	BARTOW, FL 33830
SEC/TREA.	CHERYL RUTENBAR "D"	415 Hibiscus Dr. "D"	Lakeland, FL 33803

REINSTATEMENT 93-98

O. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD EHLERS
1501 CUNLIFF LANE
SARASOTA, FLORIDA 33579

Name
TAMMY L. CAMECHIS
Street Address (P.O. Box Number is Not Acceptable)
4359 DIAMOND ROAD
Suite, Apt. #, Etc.

Jan. 20, 1998

City
WINTER HAVEN

State Zip Code
FL 33880

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 *Tammy L. Camechis*
REGISTERED AGENT MUST SIGN

Date 1-2-98

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: *Tammy L. Camechis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-98
Date

1-800-416-0322
Daytime Phone # X3638

CR2040 (12/96)