

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763736
1. Corporation Name MISS FLORIDA Softball, INC

2. Principal Office Address

1501 7th STREET SE

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33880

Country

USA

3. Mailing Office Address

PO Box 2076

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FLA

Zip

33883

Country

USA

REINSTATEMENT

02-05

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1982

5. FEI Number

59-3564015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HELEN H. HAROY

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

1501 7th STREET SE

Suite, Apt. #, Etc.

800047508268

03/01/05--01052--011 **428.75

City

WINTER HAVEN

State

FL

Zip Code

33880

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

Helen H. Haroy
REGISTERED AGENT MUST SIGN

Date

2/17/05

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	MIKE KEEN	1018 W. LAKE MARION Rd	HAINES CITY FL 33844
VP	TERRY HARRIS	P.O. Box 1203	AUBURNDALE FL 33823
ST	HELEN HAROY	1501 7 th STREET SE	WINTER HAVEN FL 33880

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:

HELEN H. HAROY

Helen H. Haroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05

Date

863-412-1962

Daytime Phone #

2/24/05