

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000007030 1. Entity Name CHRISTINA GIRLS SOFTBALL, INC.						FILED 06 NOV -6 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PO BOX 5112 LAKELAND, FL 33807-5112				Mailing Address PO BOX 5112 LAKELAND, FL 33807-5112			
2. Principal Place of Business 625 W 540A Rd Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Lakeland FL				City & State 			
Zip 33813		Country USA		Zip 		Country 	
4. FEI Number 59-3482141				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NOLAN, WILLIAM B 3659 STARBURST CT MULBERRY, FL 33860				7. Name and Address of New Registered Agent Name Ray Kazmierski Street Address (P.O. Box Number is Not Acceptable) 3443 Blueberry Drive City Lakeland FL Zip Code 33811			
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 <small>Signature typed or printed of current registered agent and title if applicable</small>				SIGNATURE <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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				Date 10/12/06			
10. OFFICERS AND DIRECTORS							
TITLE	P	<input checked="" type="checkbox"/> Delete					
NAME	NOLAN, WILLIAM B						
STREET ADDRESS	3659 STARBURST CT						
CITY-ST-ZIP	MULBERRY, FL 33860						
TITLE	VP	<input checked="" type="checkbox"/> Delete					
NAME	TAYLOR, RODNEY						
STREET ADDRESS	6328 CHRISTINA PARKWAY						
CITY-ST-ZIP	LAKELAND, FL 33813						
TITLE	VP	<input checked="" type="checkbox"/> Delete					
NAME	FIORE, JAMES						
STREET ADDRESS	3865 GARNET DRIVE						
CITY-ST-ZIP	MULBERRY, FL 33860						
TITLE	S	<input checked="" type="checkbox"/> Delete					
NAME	CUNNINGHAM, DELON						
STREET ADDRESS	PO BOX 10712						
CITY-ST-ZIP	TAMPA, FL 33679						
TITLE	T	<input checked="" type="checkbox"/> Delete					
NAME	HORTON, WILLIAM L						
STREET ADDRESS	4665 SAN PAULO CT						
CITY-ST-ZIP	LAKELAND, FL 33813						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	Ray Kazmierski						
STREET ADDRESS	3443 Blueberry Drive						
CITY-ST-ZIP	Lakeland, FL 33811						
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	Kyle Willoughby						
STREET ADDRESS	6220 Woodsfield Way						
CITY-ST-ZIP	Lakeland, FL 33813						
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	Brad Thompson						
STREET ADDRESS	3037 Heather Glynn Drive						
CITY-ST-ZIP	Mulberry, FL 33860						
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	Farrah Thompson						
STREET ADDRESS	3037 Heather Glynn Drive						
CITY-ST-ZIP	Mulberry, FL 33860						
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	Gregg Roberts						
STREET ADDRESS	5417 Highlands Vue Lane						
CITY-ST-ZIP	Lakeland, FL 33812						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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: <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				SIGNATURE: <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date 10/12/06				Daytime Phone # (813) 245-2336			