

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -9 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003502

1. Corporation Name

Royal Palm Beach Youth Softball Association, Inc.

2. Principal Office Address

P.O. Box 464

Suite, Apt. #, etc.

City & State

Loxahatchee, Florida

Zip

33470

Country

USA

3. Mailing Office Address

P.O. Box 464

Suite, Apt. #, etc.

City & State

Loxahatchee, Florida

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2001

5. FEI Number

65-1109983

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

Vivian E. Leiva

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

109 Princess Court

Suite, Apt. #, Etc.

City

Royal Palm Beach,

State

FL

Zip Code

33411

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

Vivian E. Leiva

Date 2-28-03

REGISTERED AGENT MUST SIGN

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/D	Mike Infante	1159 Royal Palm Beach Blvd	Royal Palm Beach/FL/33411
V/D	Bobbi Jo Franklin	137 Eider Court	Royal Palm Beach/FL/33411
S/D	Vivian E. Leiva	109 Princess Court	Royal Palm Beach/FL/33411
T/D	Donna Scheffler	12456 75th Lane North	West Palm Beach/FL/33412

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:

Vivian E. Leiva **VIVIAN E. LEIVA**

2-28-03

Date

561-355-3223

Daytime Phone #

CR2E081 (10/02)