

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004295

1. Corporation Name

Coral Gables Softball Club, Inc.

2. Principal Office Address

4649 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 304

City & State

Coral Gables, Florida

Zip

33146

Country

USA

3. Mailing Office Address

4649 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 304

City & State

Coral Gables, Florida

Zip

33146

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

None

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

Dania de la Vega

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

4649 Ponce de Leon Blvd. 400024396244 11/04/03--01015--012 **236.25

Suite, Apt. #, Etc.

Suite 304

City

Coral Gables

State

FL

Zip Code

33146

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

Date

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 and/or Officer and/or Director	City / State / Zip
DP	Sally Terp	2617 N. Greenway Drive	Coral Gables, Florida 33134
DV	Elaine Davila	5337 N.W. 3rd Street	Miami, Florida 33126
DT	Dania de la Vega	4649 Ponce de Leon Blvd., Suite 304	Coral Gables, Florida 33146

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dania de la Vega Treasurer
Elaine Davila, Vice President

305-448-5431

CR2E081 (10/02)