

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 01NO1000006364

1. Corporation Name
WEST PINES GIRLS SOFTBALL, INC.

2. Principal Office Address
C/O ROBERT STAUFFER
Suite, Apt. #, etc.
18013 S.W. 13TH STREET
City & State
PEMBROKE PINES, FL
Zip 33029 Country USA

3. Mailing Office Address
P.O. BOX 822655
Suite, Apt. #, etc.
City & State
SOUTH FLORIDA, FL
Zip 33082 Country USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 08/31/2001
5. FEI Number 65-1111593 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 ROBERT STAUFFER 11/24/03--01013--001 **297.50
Street Address (P.O. Box Number is Not Acceptable) 18013 S.W. 13TH STREET 11/24/03--01013--001 **297.50
Suite, Apt. #, Etc.
City PEMBROKE PINES State FL Zip Code 33029

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 11/19/2003
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
D/P	ROBERT STAUFFER	18013 S.W. 13TH STREET	PEMBROKE PINES, FL 33029
D/V	THOMAS G. FADUL, JR.	220 N.W. 204 AVENUE	PEMBROKE PINES, FL 33029
D/T	KATHRINE TUCKER FADUL	220 N.W. 204 AVENUE	PEMBROKE PINES, FL 33029

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: Date 10/18/03 984-559-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2001 (10/02)

7