

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02665

1. Corporation Name

SOUTH SUMTER GIRL'S SOFTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

PO BOX 1618
BUSHNELL FL 33513
US

PO BOX 1618
BUSHNELL FL 33513
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1984

5. FEI Number

59-2878448

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	PARSONS, ROBBIN S ELLIS, TOMMY	1226 CR 463 B 3371 CR 619	LAKE PANASOFFKEE FL 33538 BUSHNELL FL 33513
V	GOSSIN, GENEVA MCCANN, ROY	349 HWY 48 4624 CR 625	WEBSTER FL 33597 BUSHNELL FL 33513
D	LOVETT, MARIE HARRISON, BRYAN	2747 CR 015 517 CR 549	BUSHNELL FL 33513 BUSHNELL FL 33513
T	MCCULLOUGH, SHARON COLLINS, KATHY	9152 CR 726 2167 W CR 476	WEBSTER FL 33597 BUSHNELL FL 33513
D	MCCANN, ROY GOSSIN, GENEVA	4624 CR 025 437 CR 487A	BUSHNELL FL 33513 LAKE PANASOFFKEE FL 33538
D	WILKINSON, ANGIE PARISH, KATHY	0302 CR 635 4791 CR 683	BUSHNELL FL 33513 WEBSTER FL 33597

8. Name and Address of Current Registered Agent

PARSONS, ROBBIN S
1226 CR 463 B
P.O. BOX 1008
LAKE PANASOFFKEE FL 33538

9. Name and Address of New Registered Agent

Name
ELLIS, TOMMY
Street Address (P.O. Box Number is Not Acceptable)
3371 CR 619
Suite, Apt. #, Etc.
PO BOX 1618
City
BUSHNELL
State
FL
Zip Code
33513

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/24/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30: Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

COLLINS, KATHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

352-568-0036
Daytime Phone #

KE

CR2E040 (9/98)