

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N102665

1. Corporation Name

South Sumter Girl's Softball League,
Inc.

2. Principal Office Address - No P.O. Box #

824 Noble Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1618

Suite, Apt. #, etc.

City & State

Bushnell FL

City & State

Bushnell FL

Zip

33513

Country

USA

Zip

33513

Country

USA

400132887214
07/14/08--01046--013 **428.75

REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2008

5. FEI Number

80-0214235

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

William Mesimore

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

8646 S US Hwy 301

Suite, Apt. #, Etc.

City

Bushnell

State

FL

Zip Code

33513

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

William Mesimore

Date

7-10-2008

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
Pres.	William (Joe) Mesimore	8646 S US Hwy 301	Bushnell FL 33513
VP	Reace Thompson	172 CR 532 B	Bushnell FL 33513
T	Carey Corwin	9916 SW 1st Way	Webster FL 33597
S	Lisa Shiflet	10002 SE 5th Dr.	Webster FL 33597
D	Al Skipper	8325 SW 60th Ave	Bushnell FL 33513
D	Bobby Gonzales	6005 E CR 478	Webster FL 33597

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 contained in Chapter 119, 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:

William Mesimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2008

Date

813-713

Daytime Phone # 2621