


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC 31 AM 11:55

<b>DOCUMENT # N03000009543</b> 1. Entity Name PINELLAS FAST PITCH SOFTBALL, INC.					
Principal Place of Business 4100 66 AVE N PINELLAS PARK, FL 33781		Mailing Address 4100 66 AVE N PINELLAS PARK, FL 33781			
2. Principal Place of Business - No P.O. Box # 4100 66 <sup>th</sup> Ave N. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1186 Suite, Apt. #, etc.			
City & State Pinellas Park, FL Zip 33781 Country U.S.		City & State Pinellas Park Florida Zip 33780 Country U.S.		4. FEI Number 21-2528396 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				12132007 REIN-NP CR2E099 (1/07)	
6. Name and Address of Current Registered Agent GAMACHE, MATTHEW 7975 BELCHER RD PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Melanie R Cottle Street Address (P.O. Box Number is Not Acceptable) 7298 Uimerton Road #612 City Largo FL Zip Code 33771		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Melanie Cottle</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Melanie Cottle</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>12/13/2007</u>	
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GAMACHE, MATTHEW <input checked="" type="checkbox"/> Delete STREET ADDRESS 7975 BELCHER RD CITY-ST-ZIP PINELLAS PARK, FL 33781	TITLE P NAME Melanie Cottle <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 7298 Uimerton Road #612 CITY-ST-ZIP Largo FL 33771				
TITLE V NAME THAYER, TRACY A <input checked="" type="checkbox"/> Delete STREET ADDRESS 5840 91 AVE CITY-ST-ZIP PINELLAS PARK, FL 33782	TITLE T NAME Kathy King <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 10419 45th Avenue N. CITY-ST-ZIP Seminole FL 33772				
TITLE S NAME STEWART, PATSY <input checked="" type="checkbox"/> Delete STREET ADDRESS 7164 49TH AVE CITY-ST-ZIP ST. PETERSBURG, FL 33709	TITLE S NAME Kerri OBrien <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 11077 59th Street CITY-ST-ZIP Pinellas Park FL 33782				
TITLE <u>REINSTATEMENT</u> <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		800113551228 01/02/08--01034--009 ***236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Melanie Cottle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Melanie Cottle</u> <small>Date</small>		<u>12/13/2007</u> <small>Daytime Phone #</small>	
<u>727-451-8037</u>					