

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000000516

**1. Corporation Name**

BARTOW INTIMIDATORS SOFTBALL, INC.

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

1620 VARNER CT.

Suite, Apt. #, etc.

City & State

BARTOW, FL

Zip

33830

Country

US

**3. Mailing Office Address**

1620 VARNER CT.

Suite, Apt. #, etc.

City & State

BARTOW, FL

Zip

33830

Country

US

**7. Name and Address of Current Registered Agent**

Name

ABEL A. PUTNAM

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

500 S. FLORIDA AVE., STE. 300

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33801

**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

REGISTERED AGENT MUST SIGN

Date

4/8/08

**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
PD	EDDIE MARTIN	1620 VARNER CT.	BARTOW/FL/33830
STD	LAURI C. MARTIN	1620 VARNER CT.	BARTOW/FL/33830
VPD	LEE PUTNAM	1710 MARIPOSA AVE.	BARTOW/FL/33830

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/08 863-534-8733

FILED

08 JUN -5 PM 1:54

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

400128801714  
06/10/08--01008--002 \*\*70.00

400128801714  
05/08/08--01010--020 \*\*297.50

REINSTATEMENT 06-08

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

**5. FEI Number**  
26-2352897

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.