

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000001225

1. Corporation Name

Enough Said Softball Club, Inc.

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

1904 Saddle Brook Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

3. Mailing Office Address

1904 Saddle Brook Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Sirene Johnson

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

1904 Saddle Brook Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Sirene Johnson

REGISTERED AGENT MUST SIGN

Date 1/19/10

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 |
|-----------|-----------------------------------|--|-------------------------|
| PO | Ian Q. Houston | 2404 Merida Ave | Tallahassee, FL 32304 |
| Secretary | Mary Hoff | 685 Redwood Ct. | Seaside Beach, FL 32927 |
| CEO | Sirene Johnson | 1904 Saddle Brook Dr. | Tallahassee, FL 32303 |
| VO | Stacie Symonds | 6624 Tinton Trail | Tallahassee, FL 32309 |
| | | | |
| | | | |

10. E-mail Address: Sirene@comcast.net

(To be used for future annual report notification)

11. 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, I further certify, 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: *Sirene Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/10

Daytime Phone #

(850) 339-6106

FILED

10 JAN 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/20/10--01001--002 **192.50

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

1/31/05

5. FEI Number

59-3797141

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.