


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000003125	
1. Entity Name SOUTH LAKE GIRLS FAST PITCH SOFTBALL, INC.	

Principal Place of Business 17937 RUBY LANE GROVELAND, FL 34736	Mailing Address 17937 RUBY LANE GROVELAND, FL 34736
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
MILLER, DAVID 17937 RUBY LANE GROVELAND, FL 34736

04282009 REIN-NP	CR2E099 (1/07)
4. FEI Number 00-8757771	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 David Miller 5-1-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID	NAME	
STREET ADDRESS	17937 RUBY LANE	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SHERRI	NAME	
STREET ADDRESS	942 SOUTH IOWA AVE	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, MIRIAM R	NAME	
STREET ADDRESS	510 EAST MAGNOLIA AVE	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JENNI	NAME	
STREET ADDRESS	8131 BAY LAKE RD	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David Miller 5-1-09 407-466-6514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -6 AM 8:35



04282009 REIN-NP CR2E099 (1/07)

4. FEI Number
00-8757771

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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FILE NOW!!! FEE IS \$122.50

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