

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV -4 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000009730

1. Corporation Name

Key West Girls Softball
Recreational League, Inc.

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

Corner of Northside Dr. and
Kennedy Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

31332 Avenue J
Suite, Apt. #, etc.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2010

5. FEI Number

27-3714065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Key West, FL

City & State

Big Pine Key, FL

Zip Country
33040 USA

Zip Country
33043 USA

7. Name and Address of Current Registered Agent

Name

Hollis Wood

REINSTATEMENT 2014

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

31332 Avenue J
Suite, Apt. #, etc.

800266163448

11/04/14--01023--011 **236.25

City

Big Pine Key

State

FL

Zip Code

33043

NOV - 5 2014

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. **L. SELLERS**

Signature of
Registered Agent

H. Wood

Date 10/20/14

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
1 P	Hollis Wood	31332 Avenue J	Big Pine Key, FL 33043
2 VP	Xavier Perez	5030 5th Avenue #71	Key West, FL 33040
3 S	Teri Johnston	PO Box 5882	Key West, FL 33040
4 T	Terese Perez	5030 5th Avenue #71	Key West, FL 33040
5 Equip man	John Griffin	2112 Patterson Ave.	Key West, FL 33040
6 PAE	Mark Tobin	17296 Keystone Rd.	Sugarloaf Key, FL 33042
7 PAE	Dave Marciniak	PO Box 500701	Marathon, FL 33050

10. E-mail Address: tsmith@spottswood.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Theresa Pless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/14

Date

(305) 395-0650

Daytime Phone #