

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25751

1. Corporation Name

KEY WEST GIRLS SOFTBALL LEAGUE, INC.

REINSTATEMENT

2. Principal Office Address

3435 16TH TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

3435 16TH TERR

Suite, Apt. #, etc.

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/88

5. FEI Number

650051998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William L. OSTERHOUDT JR.

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

3435 16TH TERR

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

William L. Osterhoudt Jr.
REGISTERED AGENT MUST SIGN

Date

12/18/06

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
<u>P</u> <u>Pres.</u>	<u>William L. OSTERHOUDT JR.</u>	<u>3435 16TH TERR.</u>	<u>Key West, FL. 33040</u>
<u>V. Pres.</u>	<u>Bill BAKER</u>	<u>4 CYPRESS TERR.</u>	<u>Key West, FL. 33040</u>
<u>5</u> <u>SEC.</u>	<u>JENIPHER SOLAKO</u>	<u>6500 MALONEY AVE #53</u>	<u>Key West, FL. 33040</u>
<u>T</u> <u>TRE.</u>	<u>TAMMY OSTERHOUDT</u>	<u>3435 16TH TERR.</u>	<u>Key West, FL. 33040</u>
<u>Playaz</u> <u>Agent</u>	<u>STEVE WELLS</u>	<u>3621 NORTHSIDE COURT</u>	<u>Key West, FL. 33040</u>

12/26/06--01041--018 **245.00

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:

William L. OSTERHOUDT JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/06 (305) 797-5554

Daytime Phone #

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Key West Girls Softball League, Inc.
3435 16th Terrace
Key West, FL 33040
(305) 797-5554

December 21, 2006

To Whom it May Concern:

The Key West Girls Softball League is asking for a reduction in fees for the reinstatement of our status. Due to the past few hurricane season's including Wilma and Katrina, our organization has been plagued by relocation of volunteer help and disaster to our facilities and equipment. Our mailing address has changed on several occasions as well as our board. Apparently the paper work (2003) was never received by the proper personnel which has led our organization to an inactive status. I phoned your district office and spoke with Ula, she explained the fee's of \$420.00, but perhaps we could get the reduction price of \$245.00. I have enclosed a check in the amount of \$245.00. Please accept this letter and check as a request for a reduction in fees.

Thank you in advance for your consideration,



William L. Osterhoudt, Jr.
Key West Girls Softball League, Inc.
President