

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N28330

1. Corporation Name

LAKE WORTH GIRLS SOFTBALL, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6908
LAKE WORTH FL 33466

POST OFFICE BOX 6908
LAKE WORTH FL 33466

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1988

5. FEI Number

65-0070621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD FD	DAVIDSON, BRUCE	312 N B STREET	LAKE WORTH FL 33460
FD	TURCOTTE, BRIAN	1308 LONGARZO PL	WEST PALM BEACH, FL 33415
FD V/D	TURCOTTE, BRIAN	1308 LONGARZO PL	WEST PALM BEACH FL 33415
FD	BOB MORAN	3600 S. CONGRESS AVE.	BOYNTON BEACH, FL 33426
FD	REISS, DEVIN	1825 NORTH K STREET	LAKE WORTH FL 33460
T/D	MARGARET REPPUCCI	3600 S. CONGRESS AVE.	BOYNTON BEACH, FL 33426

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIDSON, BRUCE
312 N B ST
LAKE WORTH FL 33460

Name
BRIAN TURCOTTE
Street Address (P.O. Box Number is Not Acceptable)
1308 LONGARZO PLACE
Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33415

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

BRIAN R. TURCOTTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01 561 682 6579
Date Daytime Phone #