APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Glenda E. Hood** Secretary of State DIVISION OF CORPORATIONS	FILED 03 OCT 21 AM 10: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #   N44351

REINSTATEMENT 03

1. Corporation Name

TAMPA HEATWAVE GIRLS FASTPITCH SOFTBALL ASSOCIAT ION CORPORATION

1000239967991
10/21/03--01053--023 **61.25

Principal Place of Business	Mailing Address
34 ~~31344 TYNDALL ROAD~~ ~~ZEPHYRHILLS FL 33544~~	34031 ESTATES LANE ZEPHYRHILLS FL ~~33544~~

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	4. Date Incorporated or Qualified To Do Business in Florida 07/19/1991
34031 Estates Lane Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 05-0534492 / Applied For / Not Applicable
City & State Zephyrhills, FL	City & State	
Zip 33543 Country USA	Zip 33543 Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GREEN, SHANON	14294 SE 42ND AVE	WEBSTER FL 33597
VPD	FOWLER, KIMBERLEE	19314 SANDY SPRINGS CIRCLE	LUTZ FL 33549
VPD	WILLIAMS, SANDY	4307 N WILDER ROAD	PLANT CITY FL 33565
D	WILLIAMS, EARL	4307 N WILDER RD	PLANT CITY FL 33565
D	MILLER, BOB	2904 FORREST CLUB DR	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEBLANC, SONNY ~~31344 TYNDALL ROAD~~ ~~ZEPHYRHILLS FL 33544~~	Name Street Address (P.O. Box Number is Not Acceptable) 34031 Estates Lane Suite, Apt. #, Etc. City Zephyrhills State FL Zip Code 33543

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. or 617.0505, F.S.

Signature of Registered Agent ___[signature]___   Date 10-18-03

REGISTERED AGENT MUST SIGN

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: ___[signature]___   Date 10-18-03   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

October 17, 2002

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Tampa Heatwave Girls Fastpitch Softball Association Corporation
    Document #N44351

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement form on behalf of our organization along with our check in the amount of $61.25.
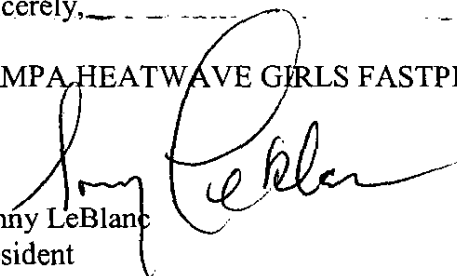
Please be advised that we never received our renewal form. This is possibly due to my mail not be forwarded by the postal service. Please note the address change on the enclosed form. It was recently brought to my attention that our organization was rendered inactive due to non-filing. It was neither my intention nor that of the organization to not file this return promptly.

We would like to respectfully request that the penalty for reinstatement and the late filing of this information be abated due to the fact that the above circumstances were caused by human error.

Should you have any questions regarding the above request, please do not hesitate to contact me.

Sincerely,

TAMPA HEATWAVE GIRLS FASTPITCH SOFTBALL ASSOCIATION CORPORATION

Sonny LeBlanc
President

SL/eam
Enclosures