

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 APR -4 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N49449

1. Corporation Name

NORTH BROWARD GIRLS SOFTBALL LEAGUE, INC

**REINSTATEMENT 06-08** <sup>KS</sup>

CR2E081 (12/07)

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

2811 N Oakland Forest Dr.

Suite, Apt. #, etc.

Apt 105

City & State

Oakland Park, FL

Zip

33309

Country

FL

3. Mailing Office Address

2811 N Oakland Forest Dr

Suite, Apt. #, etc.

Apt 105

City & State

Oakland Park FL

Zip

FL

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/18/92

5. FEI Number

65-0431434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherilynn Wilder

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

2811 N Oakland Forest Dr.

Suite, Apt. #, Etc.

Apt 105

City

Oakland Park

State

FL

Zip Code

33309

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Sherilynn Wilder*  
REGISTERED AGENT MUST SIGN

Date March 17, 2008

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
VPD	Marc Lalonde	2811 N Oakland Forest Dr Apt 105	Oakland Park/FL/33309
D	Freeda Crutchfield	3366 nw 17 <sup>th</sup> ct	Ft. Lauderdale/FL/33311
	<del>Christy</del>		
PD	Sherilynn wilder	2811 N Oakland Forest Dr Apt 105 Oakland Park, FL 33309	03/25/08--01032--007 ++189.75

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:

*Sherilynn Wilder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

954-895-9038

Daytime Phone #