

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 AM 11:19

DOCUMENT # N51319

1. Corporation Name

KEY WEST WINTER BASEBALL LEAGUE,
INC

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

500 FLEMING ST

Suite, Apt. #, etc.

3. Mailing Office Address

500 FLEMING ST

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip 33040 Country USA

City & State

KEY WEST, FL

Zip 33040 Country USA

300184168313
08/03/10--01057--004 **481.25

KS

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-1992

5. FEI Number

650366869

☐ 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

WILLIAM B. SPOTTSWOOD

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

500 FLEMING ST

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

REGISTERED AGENT MUST SIGN

Date 8-3-10

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>Pres.</u>	<u>JAMES KANCH</u>	<u>1421 Reynolds Street</u> <u>Key West, FL 33040</u>	<u>Key West, FL 33040</u>
<u>Secretary</u>	<u></u>	<u>1421 Reynolds Street</u> <u>Key West, FL 33040</u>	<u>Key West, FL 33040</u>

10. E-mail Address:

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2010

Date

305 747
4173

Daytime Phone #