

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001818

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

20155 FRANJO RD.  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FRANCINE TEGZES, CPA  
P.O. BOX 570669  
MIAMI, FL 332570669

**New Mailing Address:**

**FEI Number:** 65-0359989      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TEGZES, FRANCINE E  
8925 SW 148 ST STE 218  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

TEGZES, FRANCINE E  
8925 SW 148 ST STE 200  
MIAMI, FL 33176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANCINE TEGZES

10/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KADEL, KURT  
Address: 9280 SW 190 ST  
City-St-Zip: MIAMI, FL 33157

Title: VPD ( ) Delete  
Name: YOUNG, RONNIE  
Address: 19781 SW 101 CT  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: KEEBLER, DAVID  
Address: 7680 SW 170 ST  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: CHADWELL, AMY  
Address: 18720 SW 89 RD  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE TEGZES

D

10/10/2005

Electronic Signature of Signing Officer or Director

Date