

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003561**

1. Corporation Name

**MISS PINELLAS PARK SOFTBALL, INC.**

Principal Place of Business

Mailing Address

2601 50TH AVE.  
ST. PETERSBURG FL 33714

2601 50TH AVE.  
ST. PETERSBURG FL 33714

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

2. New Principal Office Address, If Applicable

**9836-52 TERR. N.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**P.O. Box 2124**  
Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**  
Zip **33708** County **PINELLAS**

City & State

**PINELLAS PARK, FL**  
Zip **33781** County **PINELLAS**

**REINSTATEMENT 96-97**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/15/1994**

5. FEI Number **59-3416084**

**APPLIED FOR**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
DP	FABIAN, THOMAS	<del>C/O 2601 50TH AVE.</del> <b>3521-40 St. N.</b>	<b>ST. PETERSBURG FL 33714</b>
<del>DV</del> DV	<del>NEEL, DENISE</del> <b>FUDGE, SCOTT</b>	<del>C/O 2601 50TH AVE.</del> <b>7340-10 AVE. N.</b>	<del>ST. PETERSBURG FL 33714</del> <b>St. Petersburg, FL 33710</b>
<del>DV</del> DPR	<del>DRIEZLER, PEGGY</del> <b>TINA BAKER</b>	<del>C/O 2601 50TH AVE.</del> <b>5680-81 Ter. N.</b>	<del>ST. PETERSBURG FL 33714</del> <b>PINELLAS PARK, FL 33781</b>
<del>DS</del> DS	<del>KIRBACH, ROSEANN Y.</del> <b>KATHY LAMBERT</b>	<del>4050 HARDING RD. NO</del> <b>5780-79 AVE. N.</b>	<del>ST. PETERSBURG FL</del> <b>PINELLAS PARK, FL 33781</b>
<del>DT</del> DT	<del>DECAPRIA, ROBERTA</del> <b>Deborah Riquelme</b>	<del>C/O 2601 50TH AVE.</del> <b>9836-52 Ter. N.</b>	<del>ST. PETERSBURG FL 33714</del> <b>St. Petersburg, FL 33708</b>

8. Name and Address of Current Registered Agent

DECAPRIA, ROBERTA  
2601 50TH AVE.  
ST. PETERSBURG FL 33714

9. Name and Address of New Registered Agent

Name **Deborah Riquelme**  
Street Address (P.O. Box Number is Not Acceptable)  
**9836-52 Terr. N.**  
Suite, Apt. #, Etc.  
City **St. Petersburg** State **FL** Zip Code **33708**

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

**Deborah Riquelme**

REGISTERED AGENT MUST SIGN

Date **12/18/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Deborah Riquelme / Deborah Riquelme**

Date

Daytime Phone #

**12/18/96 813-398-6488**

CR2E040 (7/96)