

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 JUN 30 AM 11:03

DOCUMENT # N 95000000138

1. Corporation Name

SUNCOAST SOFTBALL LEAGUE, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

200002583122--1  
 -07/08/98--01071--001  
 \*\*\*\*358.75 \*\*\*\*358.75

Principal Place of Business

Mailing Address

P.O. BOX 15161  
 TAMPA, FL 33634-5161

P.O. BOX 15161  
 TAMPA, FL 33634-5161

**REINSTATEMENT** *98-98*

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		1/9/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country				

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
P/D	GERALD P. TRAVIS, JR.	12013 FRUITWOOD DRIVE	RIVERVIEW, FL 33569
V/D	RICH SEARLS	9501 TUDOR DRIVE	TAMPA, FL 33615
S/D	RACHAEL HERRERA	7504 WINGING WAY DRIVE	TAMPA, FL 33615
T/D	MARK HOWARD	6905 N. 17TH STREET	TAMPA, FL 33610
D	DEVIN RAY	703A EAST BAY DRIVE, APT. 203	LARGO, FL 33770

*JB*  
*7-2-98*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
		Name GERALD P. TRAVIS, JR.			
		Street Address (P.O. Box Number is Not Acceptable) 12013 FRUITWOOD DRIVE			
		Suite, Apt. #, Etc.			
		City RIVERVIEW		State FL	Zip Code 33569

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 *Gerald P. Travis* Date 6/26/98  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  N/A (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)(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: *Gerald P. Travis* GERALD P. TRAVIS, JR. 6/26/98 (813) 677-8486  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED90 (1/98)