

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 # N95000005407

1. Corporation Name

EAST BAY ROCKIES FAST PITCH GIRLS SOFTBALL, INC

Principal Place of Business

11015 SUMNER ROAD
WILMAUMA FL 33598

Mailing Address

11015 SUMNER ROAD
WILMAUMA FL 33598

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1995

5. FEI Number

59-3330043

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
TD	CARTER, JEFF	11015 SUMNER ROAD	WILMAUMA FL 33598
D	STREHL, RONALD G	6305 FLAMINGO DRIVE	APOLLO BEACH FL 33572
D	REID, HOWARD RAY	3923 DUNAIRE DRIVE	VALRICO FL 33594
D	URBANIK, JAMES J	12508 BALM RIVERVIEW ROAD	RIVERVIEW FL 33569
300002090363--6 -02/18/97--01031--004 *****297.50 *****297.50			

8. Name and Address of Current Registered Agent

CREASON, CHERYL
105 7TH AVENUE NE
RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Cheryl Creason

Date 11-13-96

REGISTERED AGENT MUST SIGN

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery N Carter

Jeffery N Carter

Date 1-29-97

(813) 634-5901

CPRE040 (7/96)