PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N97000001335 DOCUMENT #

1. Corporation Name

FORT WHITE GIRLS' SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 441

FORT WHITE EL 32038

P.O. BOX 441

FORT WHITE EL 32038

FILED

04 JUL -7 M 11: 14

SECRETARY OF STATE TALLAHASSFE, FEORIDA



TOTAL WILL PE SECOND											
If above a	addresses are incorre	ct in any way, line thr	ough incorrect in	nformation an	nd enter co	rrection below.					
				New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 03/04/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.									
City & State	e	City & State				50-2422700					
							6. \$8.75 Additional Fee requires				
Zip	Cour	ntry	Zip		Country		CERTIFICATE	OF STATUS DESIRED		ional Hee required ificate of Status	
7. Names	and Street Addresse	s of Each Officer and/	or Director (Flo	rida nonprofi	t corporation	ons must list at lea	st 3 directors)				
Title(s) 1	2	Name of Officers and/or Directors		3		t Address of Each er and/or Director		City	/ State / Zip		
PD	STAFFINKE, TON	F Cole		N 180X	'818 5ယ	OAKWO	od	FORT WHITE PL 320 LAKE CITY	38 F1.3	52024	
VD	KOON, SANDRA	Michae	1	794	-080-0-	ડ છ ાથ		Fort White	•	32038	
5 Q	WOOD, LINBA Adams,			POB	ox 3 * 910 H	,1Z		FORT Whi	·		
TD	WOOD, ALLAN Diedeman, Bridget 310				14 5W Pierson Way			Fort Whit	e FI	35038	
							100038848131 03-04 07/07/04 01080 006 **298.50				
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
Name Mi							hael - Conners				
STAEHNKE, THOMAS						Street Address (P.O. Box Number is Not Acceptable)					
RT 1 BOX 816 FORT WHITE FL 32038						Suite, Apt. #, Etc.					
					-	City F4	White		tate Zip Co	5038-	
10. I, being	g appointed the regis	tered agent of the abo	ve named corp	oration, am fa	amiliar with	and accept the o	bligations of Secti	on 607.0505, F.S. or 617	0505, F.S.		
Signature o Registered	of Agent	ato 19	EGISTERED AG	ENT MUST	SIGN	·		Date Jul,	2 , 20	24	
this rein	nstatement applicatio	n, the reason for disso	olution has been	eliminated, t	the corpora	ite name satisfies	the requirements	apter 607 or 617, F.S. I ful of section 607.0401 or 6	17.0401, F.S.	, that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney E. Cole