PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED.
DOCUMENT # N 9800000 4826		02 APR 22 PM 5: 58
1. Corporation Name Osceola Girls Fastpitch, Ihc.		SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address 1650 Granada Blva Suite, Apt. #, etc.		00-02 AM
Solle, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 08/20/1998
KISSIMMEL, Fl.	City & State	5. FEI Number - Applied For-
Zip 34746 Country U.5A	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
City Kissimmee State State State State State 34746 Street Address (P.O. Box Number is Not Acceptable) State State 34746 State 3474		
8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Agent Park 19, 2007		
Titles Name of	Vor Director (Florida nonprofit corporations must list at lea. Street Address of Each	st 3 directors) City / State / Zip
D Richard W: H	oved 1650= Granad. B	
D Keith Pereira	1854 Destiny &	RIVA KISSIMMER F. 34741
D Sett Biller	- 1684 Evergreen	St. Kissimmer F1 34746
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10. 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 Date Date Date Date		