


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000000367			
1. Corporation Name COOPER CITY SOFTBALL BOOSTER CLUB, INC			
2. Principal Office Address 5116 SW 92 Terrace		3. Mailing Office Address 5116 SW 92 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cooper City FL		City & State Cooper City FL	
Zip 33328	Country USA	Zip 33328	Country USA

REINSTATEMENT 04-06 Rec

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1/20/99	
5. FEI Number 45-088744	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JILL A. MALLOY		
Street Address (P.O. Box Number is Not Acceptable) 5116 SW 92 Terrace		
Suite, Apt. #, Etc.		
City Cooper City	State FL	Zip Code 33328

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03/09/06--01019--003 **189 75

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 <i>Jill A. Malloy</i>		Date 2/28/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SALLY SISCO	11624 SW 53 PLACE	COOPER CITY FL 33328
T	JILL A. MALLOY	5116 SW 92 TERRACE	COOPER CITY FL 33328
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 contained in Chapter 119, 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: <i>Jill A. Malloy</i>		Date 2/28/06	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JILL A. MALLOY		Daytime Phone # (954) 680-8244	

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COOPER CITY SOFTBALL BOOSTER CLUB, INC.
5116 SW 92nd Terrace
Cooper City, Fl 33328

February 24, 2006

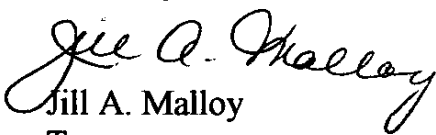
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

I did not receive my Corporation Annual Reports for 2004, 2005 and 2006.
Enclosed is my reinstatement application and fee. I respectfully request that
the reinstatement fee be waived.

Thank you, for your consideration of this request.

Sincerely,


Jill A. Malloy
Treasurer