

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000045865

1. Corporation Name

PRO STYLE UMPIRES, INC.

Principal Place of Business

1887 PALMER DR
MELBOURNE FL 32935

Mailing Address

1887 PALMER DR
MELBOURNE FL 32935

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

04/22/2002

5. FEI Number

47-0872866

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BOYLE, WOODS A	1887 PALMER DR	MELBOURNE FL 32935
D	BOYLE, WOODS M	1887 PALMER DR	MELBOURNE FL 32935
D	HIGGINS, BARBARA L	1887 PALMER DR	MELBOURNE FL 32935

200023970142
10/21/03 01062 005 **150.00

8. Name and Address of Current Registered Agent

BOYLE, WOODS A
1887 PALMER DR
MELBOURNE FL 32935

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

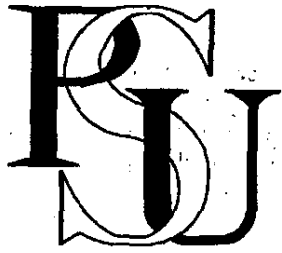
10-13-03

Date

321-863-2903

Daytime Phone #

CR2E040 (7/03)



262

October 13, 2003
Pro Style Umpires, Inc
1887 Palmer Drive
Melbourne, FL 32935

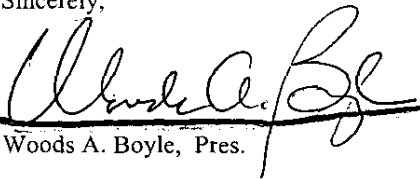
Florida Department of State
Glenda E. Hood
Secretary of state

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sirs,

My business received a form Friday, October 10 2003 stating that my corporation has been dissolved from doing business in the State of Florida. This comes as a complete surprise as we received no notice to file required papers before receiving notice of dissolution. We are a new company, only one year old, and are not completely aware of necessary paperwork that is required. I am not sure what happened to the notices that the dissolution form states that I should have received. It is possible that they were inadvertently disposed of or possibly not received at all. In either case, the information was not received. Please accept the included application for reinstatement of the corporation. I have included the application along with the necessary fees. Thank you for your understanding and cooperation in this matter.

Sincerely,



Woods A. Boyle, Pres.