

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JUL 24 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012790

1. Corporation Name

UNITED STATES PROFESSIONAL SOFTBALL LEAGUE, INC.

2. Principal Office Address

3801 PGA Boulevard

Suite, Apt. #, etc.

Suite 1000

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

P.O. Box

785

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33402-0785

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 9, 1998

5. FEI Number

65-0799255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chase W. Hays

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

9875-3 Pineapple Tree Drive

Suite, Apt. #, Etc.

Suite 109

City

Boynton Beach

400003354294-1

-08/11/00-01096-011

****758.75 ****758.75

400003354294-1

-08/11/00-01096-012

****150.00 ****150.00

State

FL

33436

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

Chase W. Hays

REGISTERED AGENT MUST SIGN

Date July 20, 2000

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
S/C	William Blake	5100 N. Ocean Boulevard	Ft. Lauderdale, FL 33308
P/T/D	Chase W. Hays	9875-3 Pineapple Tree Dr.	Boynton Beach, FL 33436

REINSTATEMENT

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:

Chase W. Hays
Chase W. Hays

July 20, 2000

Date

561.822.0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #