

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Pg 1 of 2

DOCUMENT # 798000029420

1. Corporation Name **WORLD FASTPITCH SOFTBALL INC.**

Principal Place of Business

Mailing Address

99 NOV 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9000003053299--9
-11/24/99--01002--013
*****150.00 *****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4611 S. UNIVERSITY DR.

Suite, Apt. #, etc.
#106

City & State
DAVIE, FLORIDA

Zip
33328

Country
U.S.A.

3. New Mailing Office Address, If Applicable

4235 SW 71 WAY

Suite, Apt. #, etc.

City & State
DAVIE, FLORIDA

Zip
33314

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/98

5. FEI Number

65-0824447

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)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	KELLY M. MONACO	4235 SW 71 WAY	DAVIE, FLORIDA 33314

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FLORIDA 33134

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Kelly Monaco / Kelly Monaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/99
Date

(954) 452-7892
Daytime Phone #

CR2E081 (12/98)

TO: WHOM IT MAY CONCERN:

Pg 2 of 2

I AM WRITING YOU IN REGARDS TO NEVER RECEIVING MY ANNUAL REPORTS DUE TO AN INCORRECT ADDRESS. THIS HAS ALL BEEN JUSTIFIED WITHIN YOUR OFFICE. I AM ASKING YOU TO PLEASE WAIVE ALL PENALTY FEES, AS I AM CURRENTLY IN THE PROCESS OF CORRECTING THIS MATTER. THANK YOU FOR YOUR PATIENCE.

Kelly Monasco
KELLY MONASCO

PRES. WORLD FASTPITCH SOFTBALL INC.

P98 - 29420