

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

898-932-1  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 15 AM 10:32

DOCUMENT # P99000074757

1. Corporation Name

BEST-BALL, INC.

Principal Place of Business

Mailing Address

800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803

800 NORTH FERNCREEK AVENUE  
ORLANDO FL-32803

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

2. New Principal Office Address, If Applicable

7205 SEAMANS  
BLUFF

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32835

Country

U.S.

Zip

Country

REINSTATEMENT  
Date Incorporated or Qualified  
To Do Business in Florida

08/20/1999

5. FEI Number

59-3593410

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	ROWDEN, WILLIAM B JR.	770 VIA MILANO CIRCLE	APOPKA FL 32712

800003488128--6  
-12/05/00--01099--021  
\*\*\*\*750.00 \*\*\*\*750.00

JB 11/30

8. Name and Address of Current Registered Agent

PIERCE, JOHN G  
800 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

Wendi Miller

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

7205 SEAMANS BLUFF

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Wendi Miller

REGISTERED AGENT MUST SIGN

Date

11-13-00

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 of Officer or Director  
Signature and Typed or Printed Name of Signing Officer or Director

William B. Rowden

Date

11/10/00 (407) 448-6658

Daytime Phone #