PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETIN	IG THIS FO	RM	
APPLICATION FOR	FLORIDA DEPARTMEN Sandra B. Mort Secretary of Si	ham		APPI A FIL	TED ND ND ND	,
REINSTATEMENT	DIVISION OF CORPOR			98 DEC 22	PM 1:37	
DOCUMENT # Nº3857 1. Corporation Name Orange Base ball Association, Inc			SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address P.O. Box 5238 P.O. Box 523			9000027247999			
Winter Park, FL 32793-5238 Winter Park, FL			RFINSTATE WENT 23 6 8			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			ğ Ç S			
2. New Principal Office Address, if Applicable	3. New Maining Office Address, if Applicable		4. Date Incorporated or Qualified To Da Business in Florida C 6 22 / 738 4			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		5. FEI Number	A 11.12		oplied For
Zip Country	Zip Country		3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /	STATUS DESIRED	\$8.75 Additiona	
7. Names and Street Addresses of Each Officer and/o			3 directors)			
Title(s) 1 Name of Officers and/or Directors 2 Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			nbers) 4	Cit	y / State / Zip	
60 Frank Scaletta 8228 Rose Groves				Orlando,	FL 32	818
VD George Van Duzer 1021-23		Loch Vail	Or. F	Popka,	FL 32	7/2
SD Glen Hill 104 La		chinvar	Dr. (asselbe	ery, FL	32730
TD Richard F. Deh	e Mira	Dr. C	Orlando,	FL 32	817	
D Ken Newshul	angeline	Ave. C	Orlando,	FL 32	809	
O James Ellington 7107 Amethyst				Orlando,	FL 32	807
8. Name and Address of Cuffent Registered Agent Name Name			Name and Addr	ess of New Registe	red Agent	a hau 8
3966 Lake Mira Dr. 39			Box Number is No	ot Acceptable) Mira	Dr	Z INIVO
Orlando, FL 32817					State Zip Code	
10. I, being appointed the registered agent of the above	named corporation, am familiar with	and accept the obliga	n d 0 ations of Section 6		FL 328	1/
Signature of Registered Agent Vicilary J. Date 16 Dec 98 REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid 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: SIGNATURE AND TYPED OR PRINT	. WING.	ЕСТОЯ	16 D	ec 98 Date	407/678	1510