

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00-01 UBR

**CORPORATION
REINSTATEMENT**

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

FILED

01 JUL -5 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ND3867**

1. Corporation Name

Orange Baseball Association, Inc

2. Principal Office Address

1625 W Princeton St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 540898

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

32804

Zip

Country

32854-0898

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-84

5. FEI Number

59-2504131

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

Frank J Scaletta

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

8228 Rose Groves Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

Frank J Scaletta

REGISTERED AGENT MUST SIGN

Date

7-1-01

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
P/O	David Fennessy	1625 W Princeton St	Orlando FL 32804
VP/O	Bruce Bachand	3130 Great Oaks Ln	Orlando FL 32806
S	Greg Gentleman	3225 Oberlin Ave	Orlando FL 32804
T/O	Frank Scaletta	8228 Rose Groves Rd	Orlando FL 32818

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:

Frank J Scaletta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-01

Date

407.423.9100 x2998

Daytime Phone #

CR2E081 (9/99)