

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N22116**

1. Corporation Name
SAY BASEBALL OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 561556 ORLANDO FL 32856-1556 US	PO BOX 561556 ORLANDO FL 32856-1556 US



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/19/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3040163	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BRENNAN, STEVE MEREDITH, JAY	5230 CHISWICK CIR 3817 Gatlin Woods Dr	ORLANDO FL 32812 Orlando, FL 32812
DV	MIGETZ, DAVE NAVARRO, JULIO	8085 GATLIN PLACE CIR 4837 Tellson Pl	ORLANDO FL 32812
DT	NEUSAENGER, JOHN	8241 GATLIN PLACE CIR 3328 S. Semoran Blvd #2	ORLANDO FL 32812 32822
DS	SEARLES, STACY	8222 SUMPTER CT	ORLANDO FL 32822

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DAVE MIGETZ~~
 8085 GATLIN PLACE CIR
 ORLANDO FL 32812

JOHN NEUSAENGER

Name **John M. Neusaenger**
 Street Address (P.O. Box Number is Not Acceptable)
3328 S. Semoran Blvd
 Suite, Apt. #, Etc.
Apt #2
 City **Orlando** State **FL** Zip Code **32822**

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 *John M. Neusaenger* **SIGNATURE REQUIRED** Date 11/3/00
 REGISTERED AGENT MUST SIGN

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: *John M. Neusaenger* **SIGNATURE REQUIRED** Date 11/3/00 407-835-3520
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)