

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47760**

1. Corporation Name
OCALA YOUTH BASEBALL ASSOCIATION, INC.

Principal Place of Business P. O. BOX 6493 N/A OCALA FL 34478-6493 US	Mailing Address P. O. BOX 6493 N/A OCALA FL 34478-6493 US
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REINSTATEMENT *ap*

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 03/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3106921	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MUSGRAVE, MARTY	430 NE 48TH AVE	OCALA FL
VP	GIBSON, MIKE PENDLETON, WALTER	2530 SE 28TH ST. 13582 E. HWY 40 - 154	OCALA FL 34471 SILVER SPRINGS, FL. 34488
S	RAY, AL	480 MARION OAKS TRAIL	OCALA FL 34473
D	SUPRENT, MARY	P.O. BOX 6493 N/A	OCALA FL 34478

ap

8. Name and Address of Current Registered Agent MCCALL, WAYNE C. 5380 S.E. 18TH LANE OCALA FL 32671		9. Name and Address of New Registered Agent Name 100002026541--8 -12/11/96--01095--006 Street Address (P.O. Box Number is Not Applicable) ****245.00 ****245.00 Suite, Apt. #, Etc. City State Zip Code FL	
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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 *Wayne McCall* **SECURE REQUIRED** Date 11/14/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *Marty Musgrave* **SECURE REQUIRED** Date 11/20/96 Daytime Phone # 352-690-3362
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2540 (7/96)