PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000039961**

1. Corporation Name

SPARTANS BASEBALL CAMP, INC.

Principal Place of Business	Mailing Address
~~3217 ST. JOHN STREET~~ ~~TAMPA FL 33607~~	~~3217 ST. JOHN STREET~~ ~~TAMPA FL 33607~~

REINSTATEMENT 03

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
401 W. KENNEDY BLVD Box I	401 W. KENNEDY BLVD. Box I
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, fl	City & State: Tampa, fl
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/2001

5. FEI Number: 59-3732757 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILITELLO, JAM S JR	~~3217 ST. JOHN~~ 401 W. Kennedy Blvd. Box I	TAMPA FL ~~33607~~ 33606

700023968057
10/21/03--01052--021 **150.00

8. Name and Address of Current Registered Agent

RHODES, M.JAY
1041 S. PARK RD., #206
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name: Sam S. Militello, Jr
Street Address (P.O. Box Number is Not Acceptable): 401 W. KENNEDY BLVD
Suite, Apt. #, Etc.: Box I
City: TAMPA State: FL Zip Code: 33606

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 10/15/03

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] Sam S. Militello, Jr 10/15/03 (813)323-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 15, 2003

Dear Florida Department of State,

Due to a change of address, I did not receive the filing notices until now. If possible, please grant me a waiver and accept my filing fee of $150.00 enclosed.

Thank you very much,

Sam S. Militello, Jr.
Spartan Baseball Camp, Inc.