

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

~~3247 ST. JOHN STREET~~
TAMPA FL 33607

~~3247 ST. JOHN STREET~~
TAMPA FL 33607



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

2. New Principal Office Address, If Applicable

401 W. KENNEDY BLVD Box I

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

401 W. KENNEDY BLVD. Box I

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MILITELLO, JAM S JR	3247 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

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

Sam S. Militello, Jr
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:

Sam S. Militello, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam S. Militello, Jr

10/15/03

Date

(813)323-1095

Daytime Phone #

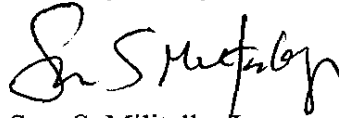
CR2ED40 (7/03)

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,

A handwritten signature in black ink, appearing to read "Sam S. Militello, Jr.", written in a cursive style.

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