

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005025

FILED
Oct 06, 2006
Secretary of State

Entity Name: HOMESTEAD YOUTH BASEBALL INC.

Current Principal Place of Business:

15514 S W 306TH STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

15514 S W 306TH STREET
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 47-0874464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARZABAL, LUIS F
15514 S W 306TH STREET
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUIS F. ZARZABAL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZARZABAL, LUIS F
Address: 15514 S W 306TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VD () Delete
Name: ELDER, KEITH
Address: 19860 SW 180 AVE. LOT 559
City-St-Zip: MIAMI, FL 33187

Title: SD () Delete
Name: LOPEZ, ANDY
Address: 19300 SW 216 ST.
City-St-Zip: GOULDS, FL 33170

Title: TD () Delete
Name: FERNANDEZ, TRACEY
Address: 2710 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WORCESTER, JENNIFER
Address: 16343 SW 275 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F. ZARZABAL

PD

10/06/2006

Electronic Signature of Signing Officer or Director

Date