

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **704321**

1. Corporation Name  
**AVON PARK BASEBALL, INC.**

Principal Place of Business  
 P.O. BOX 1907  
 AVON PARK FL 33825

Mailing Address  
 P.O. BOX 1907  
 AVON PARK FL 33825

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 <b>07/24/1982</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2178371</b>	
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	

FILED  
 99 DEC 16 AM 9:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



*2/23/99 90007028 \$10.75*

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 DVP	BOREN, JOHN	1017 US HWY 27 SOUTH	AVON PARK FL 33820
<del>DP</del> DS	<del>HESTON, TERRY</del> mark palmer	<del>317 TULANE CIR ST</del> 885 Lake Lotela Dr	AVON PARK FL 33825
DT	WRIGHT, TRISHA	970 LAKE LOTELA DR	AVON PARK FL 33825
DS Dp	DEVLIN, TIM	321 TULANE CIR ST	AVON PARK FL 33825

8. Name and Address of Current Registered Agent

DAVIS, LISA C.  
 85 HILLCREST DR  
 AVON PARK FL 33825

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

10. I, being appointed the registered agent of above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Lisa C. Davis*  
 REGISTERED AGENT MUST SIGN

Date **12-13-99**

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: *Trisha Wright*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KE**  
**441-382**  
**8998**  
**12-13-99**  
 Date Daytime Phone #  
*not 391*

CR2E040 (8/99)

To: Whomever it may Concern:

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We have been a corporation since 7-24-1962 and have always sent these forms in. In March we got it back saying that it wasn't filled out correct so it changed it and re mailed the form back in. So we would like to ~~be~~ be reinstated without a fee. We are a non-profit corporation. My check has also cleared that we paid the 61.25.

Thanks alot,  
Lusha Wright  
Treasurer.