

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714371

1. Corporation Name

SARASOTA BABE RUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

401 POND
SARASOTA FL 34230
US

POST OFFICE BOX 3835
SARASOTA FL 34230

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

Handwritten initials



REINSTATEMENT 01-02

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/02/1968 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-2336343 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input 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 | 4 City / State / Zip |
| VD | HARDEE, STEVE | 2806 12 ST | SARASOTA FL 34237 |
| PD | SNYDER, SALLY | 2811 EAST FOREST LAKE DRIVE | SARASOTA FL 34232 |
| TD | LUCAS, THOMAS | 2571 GREEN OAK CT | SARASOTA FL 34232 |
| S | STUTZMAN, WAYNE | 1100 RHODES AVE | SARASOTA FL 34237 |
| | | | 200005182152--6 |
| | | | -04702702--01021--029 |
| | | | ***297.50 ***297.50 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent | | |
|---|--|--------------------|----------|
| SNYDER, SALLY 2811 E FOREST LAKE DR SARASOTA FL 34232 | Name | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | |
| | Suite, Apt. #, Etc. | | |
| | City | State FL | Zip Code |

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: *Sally Snyder* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN

Date: *2-16-02*

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: *Sally Snyder* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *2-16-02* Daytime Phone #: *924-8970*

CR2E040 (8/01)