

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 30 AM 9:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714371

1. Corporation Name

Sarasota Babe Ruth League, Inc.

2. Principal Office Address - No P.O. Box #

401 S. Pompano Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 3735

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

USA

Zip

34230

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1968

5. FEI Number

59-2336343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Don Gardner

Street Address (P.O. Box Number is Not Acceptable)

3637 Mineola

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Don L. Gardner

Date

12-27-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Steve Hardee	1304 North Conrad	Sarasota, FL 34237
V/D	Pete Orser	4938 Vinson Way	Sarasota, FL 34232
T/D	Don Gardner	3637 Mineola	Sarasota, FL 34239
S/D	Carl Luer	3245 Old Oak Drive	Sarasota, FL 34239

10. 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 contained in Chapter 119, 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:

Steve Hardee STEVE HARDEE

12/27/08

Date

9559301

Daytime Phone #

600139336546
12/30/08--01016--001 **315.00
REINSTATEMENT 04-08^{KS}
CR2E081 (10/08)