

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 10:57

DOCUMENT # **726691**

1. Corporation Name

MAITLAND BASEBALL, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 752
MAITLAND FL 32751

POST OFFICE BOX 752
MAITLAND FL 32751



REINSTATEMENT

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

09/24/1971

Suite, Apt. #, etc.
P.O. Box 940752

Suite, Apt. #, etc.
P.O. Box 940752

5. FEI Number

59-2543883

Applied For.

Not Applicable

City & State
Maitland, Florida

City & State
Maitland, Florida

Zip
32794

Country
USA

Zip
32794

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILHITE, PAUL	1751 MOHAWK TRAIL	MAITLAND FL 32751
TD	HOSTETTER, H BLAKE	2325 CHANTILLY AVE	WINTER PARK FL 32780
PD	McAllister, Bruce	1400 Green Cove Road	Winter Park, FL 32789
TD	Dunham, Tim	2159 Chippewa Trail	Maitland, FL 32751
D	WilHITE, Paul	1751 Mohawk Trail	Maitland, FL 32751

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOSTETTER, H BLAKE~~ 00003488080-7
2325 CHANTILLY AVE
WINTER PARK FL 32789

Name: **HECTOR A. MORE**
Street Address (P.O. Box Number is Not Acceptable)
1720 SAWNEE TRAIL
Suite, Apt. #, Etc.

City
MAITLAND

State
FL

Zip Code
32751

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

REGISTERED AGENT MUST SIGN

Date **11/11/00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J Dunham - Treasurer

Date

Daytime Phone #

11/11/00 4076477100