

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 745801

1. Corporation Name

TAMARAC T-BALL, INC.

Principal Place of Business

TAMARAC PARK
7501 N. UNIVERSITY DRIVE
TAMARAC FL 33321
US

Mailing Address

5919 WOODLAND POINT PLACE
TAMARAC FL 33319
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1979

5. FEI Number

59-2597643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

01 DEC 24 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/01 90006/013 \$70.00



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
P	BOOS, BOB	5919 WOODLAND POINT PLACE	TAMARAC FL 33319
T J	LACOMBE, CAL Levine, Shelly	8100 CIRCLE LN 7003 NW 80 CT	TAMARAC FL 33321 TAMARAC FL 33321
S S	HYMAN, TANYA Bullion, Bridget	8100 N.W. 71 AVE. 1904 SW 8TH AVE	TAMARAC FL 33321 North Lauderdale, FL 33068
VP	LEVINE-SHELLY MARCOM, STEVE	7003 NW 80 CT	TAMARAC FL 33321
D	JEFF GROSSMAN George William	533 NW 87TH WAY 7705 NW 74 Ave	CORAL SPRING FL 33071 Tamarac, FL 33321
D	George, Sandra	7705 NW 74 Ave	Tamarac, FL 33321
D	Libio, Rob	7501 N University Drive	Tamarac FL 33321

8. Name and Address of Current Registered Agent

BOOS, BOB
5919 WOODLAND POINT PLACE
TAMARAC FL 33319

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

500004765285--9

01/10/02--01070--004

****175.00 ****175.00

FL

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

12/21/2001

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

Robert Boos, President

Date

Daytime Phone #

12/21/2001 954-720-1981

CR2E040 (8/01)