

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 AUG 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # F15000004200

Corporation Name

Major League Baseball Urban Youth Foundation

Principal Office Address - No P.O. Box #

1 E. Artesia Blvd.

Suite, Apt. #, etc

3. Mailing Office Address

245 Park Avenue

Suite, Apt. #, etc

City & State

Compton, CA

City & State

New York, NY

Country

221

USA

Zip

10167

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/2015

5. FEI Number

94-3398566

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

Corporation Service Company

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

101 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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 AgentEmily Croft
REGISTERED AGENT MUST SIGN
Asst. Vice President

Date 08/29/2018

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 | Darrell Miller | 901 E. Artesia Blvd. | Compton, CA 90221 |
| T/D | Scott Stamp | 245 Park Avenue | New York, NY 10167 |
| N/D | Christopher K. Brumm | 245 Park Avenue | New York, NY 10167 |
| | | | |
| | | | |
| | | | |

E-mail Address: lauren.dominguez@mlb.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Brumm

8/28/18

212-931-7716

K. ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 367716 7462702

AUTHORIZATION :

COST LIMIT : \$ 297.50

ORDER DATE : August 29, 2018

ORDER TIME : 2:16 PM

ORDER NO. : 367716-005

CUSTOMER NO: 7462702

REINSTATEMENT

NAME: MAJOR LEAGUE BASEBALL URBAN
YOUTH FOUNDATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____

18 AUG 29 PM 4:16
DIVISION OF REFORMATION
TALLAHASSEE, FL 32301

18 AUG 29 PM 4:16

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