

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000000032

1. Corporation Name

CLEWISTON YOUTH BASEBALL, INC.

Principal Place of Business

Mailing Address

1550 OLD 27

P.O. BOX 1211

LOT #267

CLEWISTON FL 33440

CLEWISTON, FL 33440

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2000

5. FEI Number

52-1234541

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	JESUS RIVERA	722 CONCORDIA AVE.	CLEWISTON FL 33440
D/VP	TERRY G. CRAWFORD	322 W. AVENIDA DEL RIO	CLEWISTON FL 33440
D/S	SHEILA MILLS	1550 OLD 27, LOT #267	CLEWISTON FL 33440
D/T	TABITHA YEBBA	718 W. AVENIDA DEL RIO	CLEWISTON FL 33440

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02/04/04--01010--002 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEILA MILLS 1550 OLD 27, LOT #267 CLEWISTON, FL 33440	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. or 617.0505, F.S.

Signature of
Registered Agent

Sheila Mills

REGISTERED AGENT MUST SIGN

Date

1/13/04

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

TERRY G CRAWFORD

Date

Daytime Phone #

1/13/04 (863) 983 8446

CR2E040 (7/03)