

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 22 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N00000004817

1. Corporation Name

Dimario Baseball School, Inc.
D'imare

2. Principal Office Address

5325 SW 102 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33165

Country

100038139941
06/21/04--01080--004 **428.75

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/2000

5. FEI Number

0000000000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

TR

7. Name and Address of Current Registered Agent

Name

William Pupo

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

320 NW 58 CT.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

[Signature]

Date

6/16/04

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
PS	Boris Dimare	5325 SW 102 Ave	Miami, FL 33165

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/04

Daytime Phone #

305-878-0810

CR2E081 (01/04)