


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N00000005384**

1. Corporation Name
ROYAL PALM BEACH YOUTH BASEBALL, INC.

Principal Place of Business	Mailing Address
147 RIVERA AVENUE ROYAL PALM BEACH FL 33411	147 RIVERA AVENUE ROYAL PALM BEACH FL 33411

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. P.O. Box 211722
City & State	City & State R.P.B. FLA. 33421
Zip	Zip 334
Country	Country Palm Beach

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida	08/11/2000
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	INFANTE, MICHAEL	147 RIVERA AVENUE	ROYAL PALM BEACH FL 33411
SD	HEADRICK, WESLEY IRENE Hitchcock	102 GIBRALTA 164 ALCAZAR ST	ROYAL PALM BEACH FL 33411
T	HATHAWAY, CHUCK MELISSA J MILLS	793 W. RAMBLING DRIVE, W 132 PARK RD N	ROYAL PALM BEACH FL 33411
D	HILL, ROBERT	660 HIBISCUS	ROYAL PALM BEACH FL 33411
D	MARCELLO, ROBERT	144 VALENCIA STREET	ROYAL PALM BEACH FL 33411

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
INFANTE, MICHAEL 4571 126TH DRIVE NORTH ROYAL PALM BEACH FL 33411	Name INFANTE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1159 Royal Palm Bch Blvd Suite, Apt. #, Etc. City R. P.B. State FL Zip Code 33411

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 *Michael Infante* Date 11-13-01
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Michael Infante* **Michael Infante** 11-13-01 561-793-9700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)