

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 22 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002588

1. Corporation Name

Jackie Robinson Ballpark
and Museum, Inc.

REINSTATEMENT 02-09

400041259244
09/22/04--01049--002 **358.75

2. Principal Office Address

125 Basin Street

3. Mailing Office Address

125 Basin Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/09/2001

5. FEI Number

52-2312376

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

Name

Andrew M. HAM

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

1904 SAN MARCO BLVD.

Suite, Apt. #, Etc.

Suite 3

City

Jacksonville,

State

FL

Zip Code

32207

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]

REGISTERED AGENT MUST SIGN

Date

9/21/04

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
P-D	Andrew M. HAM	1904 SAN MARCO BLVD. #3	Jacksonville, FL 32207
S-FO	Maria Manning	P.O. Box 2214	New Smyrna Beach, FL 32169
D	Richard Westover	920 Jimmy Ann Dr.	Daytona Beach, FL 32117
M	H. Darden Jenkins	125 Basin Street	Daytona Beach, FL 32114

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]

Andrew M. HAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/04

Date

904-398-

0085

Daytime Phone #

CR2E081 (01/04)