

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007688**

1. Corporation Name

**ORLANDO XPLOSION BASEBALL CLUB, INC.**

Principal Place of Business

4837 TELLSON PLACE  
ORLANDO FL 32812

Mailing Address

4837 TELLSON PLACE  
ORLANDO FL 32812

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2001

5. FEI Number

59-3753212

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
P/D	NAVARRO, JULIO <i>Director</i>	4837 TELLSON PLACE	ORLANDO FL 32812
V/D	NAVARRO, JAIME <i>Director</i>	4837 TELLSON PLACE	ORLANDO FL 32812
T/D	NAVARRO, RENE <i>Director</i>	4837 TELLSON PLACE	ORLANDO FL 32812

8. Name and Address of Current Registered Agent

NAVARRO, RENE  
4837 TELLSON PLACE  
ORLANDO FL 32812

9. Name and Address of New Registered Agent

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

*Signature Required*

REGISTERED AGENT MUST SIGN

Date 10/29/02

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/02

Daytime Phone # 407-888-7152

CR2E040 (3/02)



**Orlando Xplosion Baseball Club**  
**Manager: Julio Navarro**  
**Business Manager: Rene Navarro**  
**Coaches: Jaime Navarro, Jay Meredith, Ray Guzman**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Please be advised that we sent in the correction to our annual report on July 11, 2002.  
You have already received our \$61.25, please reinstate.

If there is any other problems please contact me at (407)281-7740.

Rene Navarro  
Treasurer  
Registered Agent

Orlando Xplosion Baseball Club  
4837 Tellson Place  
Orlando, FL 32812  
407-281-7740