PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 JAN 11 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000009713

1. Corporation Name

Okeeheelee Baseball Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3719 Royal Cypress Ln.	3719 Royal Cypress Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/13/2011

5. FEI Number: 45-3558327 ☐ 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: DAVID EPSTEIN

Street Address (P.O. Box Number is Not Acceptable): 3719 Royal Cypress Lane

Suite, Apt. #, Etc.:

City: Lake Worth State: FL Zip Code: 33467

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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: 1/7/13

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	David Epstien	3719 Royal Cypress Ln.	Lake Worth, FL 33467
V/S	Gretchen Faurot	8285 Butler Greenwood	West Palm Beach, FL 33411
T	Melissa King	1029 Sweet Briar Place	Wellington, FL 33414

10. E-mail Address: melissa42a@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Melissa King 12/14/12 5616443248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN 11 2013