

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18501**

1. Corporation Name

**PALMETTO BASEBALL BOOSTERS, INC.**

Principal Place of Business

**7460 S.W. 118TH STREET  
MIAMI, FLORIDA 33156  
PALMETTO SENIOR HIGH**

Mailing Address

**C/O WOLFE & WOLFE CPA  
7695 S.W. 104TH STREET  
SUITE 220  
MIAMI, FLORIDA 33156-3156**

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

2. New Principal Office Address, If Applicable

**SEE ABOVE**

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**SEE ABOVE**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**12/86**

5. FEI Number

**65-0794178**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	RICK COOK	16775 SW 80TH AVENUE	MIAMI, FLORIDA 33157
VPD	MARTIN WAAS	5582 N.W. 79TH AVENUE	MIAMI, FLORIDA 33166
TD	CHARLES DOLGOS	5875 S.W. 100TH TERRACE	MIAMI, FLORIDA 33156
SD	MARY MOSES	12251 S.W. 82ND AVENUE	MIAMI, FLORIDA 33156
<b>REINSTATEMENT 96-98</b> <i>52 10-2-98</i>			

8. Name and Address of Current Registered Agent

**MARTIN WAAS  
5582 N.W. 79TH AVENUE  
MIAMI, FLORIDA 33166**

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.

Signature of Registered Agent

*Martin Waas*  
REGISTERED AGENT MUST SIGN

Date **9/29/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*Martin Waas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARTIN WAAS**

**9/29/98**

Date

**305-592-9574**

Daytime Phone #