

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 MAR 12 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21360

1. Corporation Name

PINELLAS PARK PONY BASEBALL, INC.

Principal Place of Business

P.O. BOX 246
PINELLAS PARK FL 33665

Mailing Address

P.O. BOX 246
PINELLAS PARK FL 33665

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

06/29/1987

5. FEI Number

59-2837775

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
P	LAWRENCE, DANIEL	5941 72ND AVE NO.	PINELLAS PARK FL 33781
VD	LARRY BAXTER	5461 65TH TERR.	PINELLAS PARK FL 34665
TD	BAXTER, BETTY	5461 65TH TERR. NO	LARGO FL 34677
PAT	THOMAS, PAT	5965 78 AVE. NO.	PINELLAS PARK FL 34665

REINSTATEMENT

8. Name and Address of Current Registered Agent

BETTY BAXTER
5461 65TH TERR N.
PINELLAS PARK FL 34665

9. Name and Address of New Registered Agent

Name 400002458904--2
Street Address (P.O. Box Number is Not Applicable) 6541 65TH TERR--01015--007
Suite, Apt. #, Etc. *****61.25 *****61.25
City 400002458904--2
-03/17/93 State Code 008
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.033(2)(b), F.S. ***236.25 ***236.25

Signature of
Registered Agent Betty J. Baxter
REGISTERED AGENT MUST SIGN

Date 12-31-97

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: Betty J. Baxter Betty Baxter 12-31-97 813 896-
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066