

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N40771

1. Corporation Name
CUBAN-AMERICAN SOFT-BALL LEAGUE, INC.

Principal Place of Business Mailing Address

P. O. BOX 45-3134 P. O. BOX 45-3134
 MIAMI FL 33245 MIAMI FL 33245

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
03 JUN -9 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07/01/02 90354 042 6685

4. Date Incorporated or Qualified To Do Business in Florida **11/13/1990**

5. FEI Number **65-0341528** 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	4 City / State / Zip
PD	LORENZO, JOSE MARIO	2311 SW 16TH TR	MIAMI FL 33145
SD	LORENZO, MAGGIE	2311 SW 16TH TR	MIAMI FL 33145
TD	LORENZO, MARIO J	719 SOUTH 15 AVENUE	HOLLYWOOD FL 33020
SD	RUBIDO, MIGUEL A	17101 SW 38 ST	MIAMI, FL 33027
			700020972707 06/18/03--01043--013 **\$1.25

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

LORENZO, JOSE MARIO
 3600 SW 16 TERRACE 2311 SW 16 TERR
 MIAMI, FL 33145 33145

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 *Jose Mario Lorenzo* Date *11/8/02*

REGISTERED AGENT MUST SIGN

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: *Jose Mario Lorenzo* *11/8/02 (305) 939-1391*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

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CUBAN-AMERICAN SOFTBALL LEAGUE, INC
P.O. BOX 45-3134
MIAMI, FL 33245

MAY 28, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLA 32314

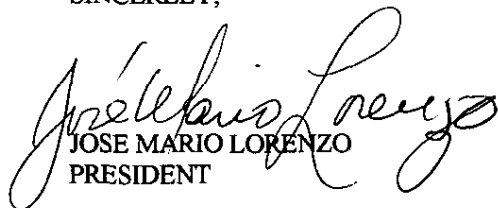
DEAR MR. SCOTT:

AS PER OUR PHONE CONVERSATION ON 5/23/03, PLEASE FIND ATTACHED THE REINSTATEMENT LETTER MAILED TO THE STATE ON 11/19/02, COPY OF CANCELLED CHECK PAID IN 6/02, COPY OF THE APPLICATION FOR REINSTATEMENT IN 11/02 AND PAYMENT IN THE AMOUNT OF \$61.25 CHECK # 4298 FOR 2003 AS INSTRUCTED.

WE ARE NOT IN RECEIPT OF ANY CORRESPONDENCE INDICATING THAT OUR NON-PROFIT HAS BEEN DISSOLVED. CAN YOU PLEASE WAIVE ANY LATE FEES AND UPDATE YOUR RECORDS TO REFLECT OUR CORRECT ADDRESS AND DIRECTORS.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS AT (305)939-1331 OR (305)322-7531.
I HOPE YOU HAD A WONDERFUL VACATION.

SINCERELY,


JOSE MARIO LORENZO
PRESIDENT