

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N46818

1. Corporation Name

WELLSWOOD PONY BASEBALL, INC.

Principal Place of Business

2127 W ML KING JR BLVD
TAMPA FL 33607

Mailing Address

TONY SALADINO
P.O. BOX 13724
2906 W OSBORNE AVE
TAMPA FL 33614



REINSTATEMENT

DD

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

01/13/1992

5. FEI Number

59-3102915

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ARENA, ANDREW TONY SALADINO JR P	4405 W KENNEDY BLVD 2906 W. OSBORNE AVE	TAMPA FL 33609 33614
VT	MARTINEZ, RENEE ARTI FERNANDEZ VP	4407 N ARIZONA AVE 4407 N- B- ST	TAMPA FL 33607 33609
TT	SOLORZANO, BERENICE LEANN OTERO T	2800 ELOO DRIVE 404- OAKLAWN CT -	TAMPA FL 33606 33603
ST	HENDERSON, FRANK HELEN SALADINO S	2810 W FOUNTAIN BLVD 2906 W. OSBORNE AVE	TAMPA FL 33609 33614
VT	GARY SALADINO VP	3105 W JEAN - ST	TAMPA FL 33614
			200003468922--2 -11/17/00--01073-010

8. Name and Address of Current Registered Agent

SCAGLIONE, PETER JR
2127 W ML KING JR BLVD
TAMPA FL 33607

9. Name and Address of New Registered Agent ***236.25

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/25/00

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.

KE

SIGNATURE:

TONY SALADINO JR - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00

Date

813-8771191
Daytime Phone #