

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N47314**

1. Corporation Name

CHALLENGERS BASEBALL BOOSTER CLUB, INC.

FILED

99 NOV 22 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4944 SW 140 CT
MIAMI FL 33175
US~~

~~4944 SW 140 CT
MIAMI FL 33175
US~~

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. **4331 SW 154 PL**

Suite, Apt. #, etc. **4331 SW 154 PL**

City & State **MIAMI, FL**

City & State **MIAMI, FL**

Zip **33185** Country

Zip **33185** Country

REINSTATEMENT **99**

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1992 SP

5. FEI Number

65-0311209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING OF THIS FORM

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
DP	OWENS, HENRY J SR. Guillermo Gomez	4944 SW 140 CT 4331 SW 154 PL	MIAMI FL 33185
DT	LOZANO, ELENA	7523 SW 158 CT	MIAMI FL
DS	ESCORR, CARIDAD Eulalia Gonzalez	15051 SW 62 ST 15051 SW 62 ST	MIAMI FL 33193

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-12/02/99--01037--017
***236.25 ***236.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~OWENS, HENRY J SR.
4944 SW 140 CT
MIAMI FL 33175~~

Name **Guillermo Gomez**

Street Address (P.O. Box Number is Not Acceptable)

4331 SW 154 PL

Suite, Apt. #, Etc.

City **MIAMI**

State **FL**

Zip Code **33185**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Guillermo Gomez
REQUIRED

Date **11/17/99**

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:

Guillermo Gomez
Guillermo Gomez

11/17/99 (305) 225-8535

Date

Daytime Phone #

CR20040 (8/99)