

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 3:51

DOCUMENT # *N93000001864*

1. Corporation Name
Orlando Senior Baseball Association, Inc.

2. Principal Office Address - No P.O. Box #

1120 Alberta Street

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32750

Country

USA

3. Mailing Office Address

P.O. Box 150445

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32715

Country

USA

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REINSTATEMENT (09) *08-10*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Not Applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT A. MISKO

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

1120 ALBERTA ST

Suite, Apt. #, Etc.

Longwood FL

City

State

FL

Zip Code

32750

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	<i>Robert Misko</i>	<i>1120 Alberta St. Longwood, FL 32750</i>	<i>Longwood, FL 32750</i>
Treasurer	<i>James C. Carels</i>	<i>2345 Park Village Place</i>	<i>Apopka, FL 32712</i>
Sec	<i>George Beatty</i>	<i>337 Redwing Way</i>	<i>Gasselberry FL 32707</i>

10. E-mail Address: *RobertMisko @ AOL.com*

(To be used for future annual report notification)

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. I further certify, 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: *George Beatty Jan 14 2010*