

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
98-99 AR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN 21 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002024

1. Corporation Name

FLORIDA STATE AMERICAN AMATEUR BASEBALL CONGRESS  
S, INC.

Principal Place of Business

5500 34TH ST. W.  
BRADENTON FL 34210  
US

Mailing Address

5500 34TH ST. W.  
BRADENTON FL 3421  
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1993

5. FEI Number

59-3122256

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
DP	LEE, DANIEL B.	5500 34TH ST. W.	BRADENTON FL
DVP	MC MILLAN, REED	1401 ESSEX DR.	ST. PETERSBURG FL
DS	LISOWSKI, ED	4310 29TH AVE. N.	ST. PETE FL
DT	PALMER, MUENCH	5500 34TH ST. W.	BRADENTON FL
			7000002914907-0 -06/24/99-01092-031 ****236.25 ****236.25
			7000002914907-0 -06/24/99-01092-032 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

LEE, DANIEL B.  
5500 34TH ST. W.  
BRADENTON FL 34210

9. Name and Address of New Registered Agent

Name DANIEL B. LEE  
Street Address (P.O. Box Number is Not Acceptable)  
3309 56TH DR E  
Suite, Apt. #, Etc.

City Bradenton

State FL

Zip Code 34203

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/22/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

4/22/99

941-727-0303

Date

Daytime Phone #

CR2E040 (9/98)