

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:00

DOCUMENT # *N93000002782*

1. Corporation Name

Wellington Youth Baseball, Inc

2. Principal Office Address

11700 Pierson Rd

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

U.S.A.

3. Mailing Office Address

PO Box 480

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

U.S.A.

REINSTATEMENT *01-03*

**4. Date Incorporated or Qualified
To Do Business in Florida**

*04/15/03 01/01/03 *306.25*

6/21/93

5. FEI Number

650418984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rochelle Swartz

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

2390 Seaford Drive

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Rochelle Swartz

REGISTERED AGENT MUST SIGN

Date

11/25/03

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
<i>Pp</i>	<i>Rochelle Swartz</i>	<i>2390 Seaford Drive</i>	<i>Wellington, FL 33414</i>
<i>V-Pb</i>	<i>Tom Malone</i>	<i>13055 Albright Ct #17</i>	<i>Wellington, FL 33414</i>
<i>Tb</i>	<i>Marc Cannavo</i>	<i>14663 Horse Shoe Trace</i>	<i>Wellington, FL 33414</i>
<i>Slb</i>	<i>Joe Billi</i>	<i>1741 Corsica Drive</i>	<i>Wellington, FL 33414</i>

10. 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:

Rochelle Swartz

Rochelle Swartz, President

Date

11/25/03

Daytime Phone #

(561) 790-5902

CR2E081 (10/02)