

1204000067006
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 27 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001435

1. Corporation Name

St. Lucie County Babe Ruth League, Inc.

400028931434
03/23/04--01069--004 **61.25

REINSTATEMENT 02-04

2. Principal Office Address

125 NE Surfside Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

125 NE Surfside Ave.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, Fl.

City & State

Port Saint Lucie, Fl.

Zip

34983

Country

USA

Zip

34983

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1994

5. FEI Number

650570657

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

Mark Branscomb

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

125 NE Surfside Ave.

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34983

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

Mark Branscomb

Date

02/11/04

REGISTERED AGENT MUST SIGN

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
P/A	Mark Branscomb	125 NE Surfside Ave.	Port Saint Lucie, Fl. 34983
V/A	Rob Branscomb	2975 Matthews Rd.	Ft. Pierce, Fl. 34945
S/A	Dawn Casper	5312 Palmetto Dr.	Ft. Pierce, Fl. 34982
T/A	Linda Corbitt	2832 Stoneway Ln. Apt. C	Ft. Pierce, Fl. 34982

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

Mark Branscomb Mark Branscomb

02/11/04

(772) 879-9252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)