

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR -3 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005478 (2)

1. Corporation Name
West Florida Baseball Boosters, Inc.

Principal Place of Business

Mailing Address

6706 N. Ninth Avenue, B-4
Pensacola, FL 32504

REINSTATEMENT 96-97

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		4. Date Incorporated or Qualified To Do Business in Florida 11/4/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3279392	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/D	Gay, John W.	3575 Riddick Road	Pensacola, FL 32504
VP/D	Culbertson, Warren	3533 PineForest Road	Cantonment, FL 32533
S/T	Maddrey, Joni	4060 Bonway Drive	Pensacola, FL 32504
			100002104861--5 -03/05/97--01059-010 ****306.25 ****306.25 3/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name John W. Gay		
Street Address (P.O. Box Number is Not Acceptable) 6706 N. Ninth Avenue, B-4		
Suite, Apt. #, Etc.		
City Pensacola	State FL	Zip Code 32504

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 2/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

Date

(904) 476-0779

Daytime Phone #

CR2E04C (12/96)