

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0940000006002

1. Corporation Name
Coral Gables Baseball Boosters inc

2. Principal Office Address
450 Bird Road
Suite, Apt. #, etc.

3. Mailing Office Address
450 Bird Road
Suite, Apt. #, etc.

City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33146-1306</u>	Country <u>USA</u>	Zip <u>33146-1306</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida
November 1994

5. FEI Number 65-0540497 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Handwritten signatures and initials

7. Name and Address of Current Registered Agent

Name Tony Casas 600005180386 8
Street Address (P.O. Box Number is Not Acceptable) 450 Bird Road -04/01/02--01078--022
Suite, Apt. #, Etc. ****297.50 ****297.50

City Coral Gables, State FL Zip Code 33146-1306

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 Tony Casas Date 2-8-02
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
PD	Angel Ruiz	8525 SW 58 ST	Miami, FL 33143
VD	Joseph Rodriguez	5410 SW 64 PL	Miami, FL 33155
SD	Angela Font	13203 SW 11 Terr.	Miami, FL 33184
TD	Jose Hernandez	1982 SW 139 CT.	Miami, FL 33175

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: Angel Ruiz 2/8/02 (305) 643-5636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)