

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **NA0000002582**

1. Corporation Name

**Wildwood Dodgers INC**

Principal Place of Business

**Rosevelt Swinton**

Mailing Address

**WA0000003079**

**1904 26th St. So.  
St. Petersburg FL 33712**

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

FILED

99 FEB 24 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-990  
2/24/99

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-478 8-30-99**

5. FEI Number

**59-3386198**

☒ 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
<b>Dt</b>	<b>Rosevelt J Swinton</b>	<b>1904 26th Street So</b>	<b>St. Petersburg FL 33712</b>
<b>Dt</b>	<b>Joseph C. Denman</b>	<b>1124-3rd Ave. North</b>	<b>St. Peter, Florida 33715</b>
<b>S</b>	<b>Will R. Howell</b>	<b>843 Overbrook Blvd</b>	<b>St. Peter Fla 33705</b>
<b>Dt</b>	<b>Daisy B. Swinton</b>	<b>1904 26th Street South</b>	<b>St. Petersburg, FL 33712</b>
<b>Dt</b>	<b>Veronica W. Roberts</b>	<b>730 63rd Ave. So.</b>	<b>St. Petersburg, FL 33705</b>

8. Name and Address of Current Registered Agent

**Rosevelt J Swinton  
1904 26th Street So.  
St. Petersburg Fla 33712**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**400002789714--5**

**-03/01/99--01004--017**

**\*\*\*\*358.75 \*\*\*\*358.75**

**FL** State Zip Code

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

**Rosevelt J Swinton**

REGISTERED AGENT MUST SIGN

Date **2-10-99**

11. This corporation owes 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:

**Rosevelt Senome Swinton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/10/99 321-3714**

CR2008\* (12/98)