

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N96000003602**

1. Corporation Name

ROYAL PALM BEACH BASEBALL, INC.

Principal Place of Business

1159 RPB BLVD
RPB FL 33411
US

Mailing Address

1159 RPB BLVD
RPB FL 33411
US

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

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers.) 3	City / State / Zip 4
PD	INFANTE, MICHAEL	4571 126TH DRIVE NO.	ROYAL PALM BEACH FL 33411
D	HASSON, VICTOR	133 ALCAZAR	ROYAL PALM BEACH FL 33411
SD	HEADRICK, WESLEY	126 SANTA MONICA	ROYAL PALM BEACH FL 33411
D	MARCELLO, ROBERT	144 VALENCIA ST	ROYAL PALM BEACH FL 33411
TD	TOCCI, BARBARA	117 CORDOBA CR	ROYAL PAL BEACH

8. Name and Address of Current Registered Agent

SAMILJAN, STEVEN T
1455 WOOD DALE TERRACE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 12-4-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL INFANTE

Date

Daytime Phone #

12-4-98 561-793-9700

FILED

99 MAY 12 PM 4:18

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1996

5. FEI Number

65-0687203

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (9/98)