

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 # **N97000001046**

1. Corporation Name

**POMPANO BEACH YOUTH BASEBALL, INC.**

Principal Place of Business

C/O ERIC FOUST  
8025 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321

Mailing Address

C/O ERIC FOUST  
8025 LAGOS DE CAMPO BLVD  
TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
1	2	3
D	MULLON, CHRIS Anderson, Steve	808 NE 5TH AVE 280 S. Cypress Road
D, S, T	AHRENS, ROBERT	401 SE 5TH TERRACE
DP	FOUST, ERIC	8025 LAGOS DE CAMPO BLVD
D	PHILLIPS, LYNN Groban, Gary	381 SE 3RD STREET 861 N.E. 9th Avenue
D	SAXON, RAY	2061 SE 18TH STREET
DS D	TEUTON, DOUG Gluth, Jeff	1851 NE 28TH TERRACE 80 S.E. 10th Street

8. Name and Address of Current Registered Agent

AHRENS, ROBERT  
401 SE 5TH TERRACE  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name  
Eric Foust  
Street Address (P.O. Box Number is Not Acceptable)  
8025 Lagos De Campo Blvd.  
Suite, Apt. #, Etc.  
City  
Tamarac

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

*Eric Foust*

REGISTERED AGENT MUST SIGN

Date 2/2/99

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:

*Eric Foust*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Foust, President

2/2/99

(954) 721-9483

Date Daytime Phone #

FILED

99 FEB -3 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02/24/1997

5. FEI Number

65-0731328

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

4. City / State / Zip

POMPANO BEACH FL 33060  
Pompano Beach, FL 33060

POMPANO BEACH FL 33060

TAMARAC FL 33321

~~POMPANO BEACH FL 33060~~  
Pompano Beach, FL 33060

POMPANO BEACH FL 33060

POMPANO BEACH FL 33062  
Pompano Beach, FL 33060

CR2E040 (9/99)

*Eric Foust*

100002770661-2  
-02/09/99-01130-005  
\*\*\*\*306 FL 33321