

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
99 MAY -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005114**

1. Corporation Name

WESTERN RATTLERS BASEBALL INC.

Principal Place of Business

FRANCIS R. CASEY
946 GREENWOOD RD.
WESTON FL 33327

Mailing Address

~~FRANCIS R. CASEY
946 GREENWOOD RD.
WESTON FL 33327~~

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

**C/O MARIA FANDETTI
2522 POINCIANA DRIVE
WESTON FL
33327 USA**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

6. CERTIFICATE OF STATUS DESIRED ☐

09/10/1997

☒ Applied For
☐ Not Applicable

**\$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)

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
D	CASEY, FRANCIS R	946 GREENWOOD RD.	WESTON FL 33327
D	KEALY, DONALD G	16610 GULFVIEW DRIVE	WESTON FL 33326
D	CURTIS, WILLIAM V	228 FAIRMONT WAY	WESTON FL 33326
D	SHPAK, MICHAEL E	2562 MAYFAIR LANE	WESTON FL 33327
D	MARIA FANDETTI	2522 POINCIANA DR	WESTON FL 33327

8. Name and Address of Current Registered Agent

MOODY, JONES & MONTEFUSCO, P.A.
1333 SO. UNIVERSITY DRIVE
SUITE 201
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

**LESTER GRUDA
13899 BISCAYNE BLVD #106
NMB**

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

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

MARIA FANDETTI Director

4/29/99

305-945-1485

Daytime Phone #