

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000002189

1. Corporation Name

SEMINOLE YOUTH BASEBALL INC.

Principal Place of Business

13221 84TH TERRACE N.
SEMINOLE FL 33776

Mailing Address

13221 84TH TERRACE N.
SEMINOLE FL 33776

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1998

5. FEI Number

59-3523146

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	Miles B. Drenth	13221 84th TERR N.	SEMINOLE FL 33776
TREAS.	MARY K. DRENTH	13221 84th TERR N.	SEMINOLE FL 33776
VP & D HEAD COACH	MICHAEL KOWALSKI	12075 RIVONDA TERRACE	SEMINOLE FL 33772
VP & D Pgm Director	JOHN CHAPPIE	11301 BELLA LOMA DR.	SEMINOLE FL 33774
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRENTH, MILES B
13221 84TH TERRACE N.
SEMINOLE FL 33776

Name

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

Suite, Apt. #, Etc.

City

500003050685--6

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FL

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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

10/30/99

11. 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:

Mary K. Drenth

Date

10/30/99 727-339-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #