

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 10 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002189

1. Corporation Name
SEMINOLE YOUTH BASEBALL INC.

Principal Place of Business	Mailing Address
13221 84TH TERRACE N. SEMINOLE FL 33776	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		4. Date Incorporated or Qualified To Do Business in Florida 04/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3523146	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 99

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	4. City / State / Zip
Pres. ^D	Miles B. Drenth	13221 84th TERR N.	SEMINOLE FL 33776
Treas. ^D	MARY K. DRENTH	13221 84th TERR N.	SEMINOLE FL 33776
VP & ^D HEAD COACH	MICHAEL KOWALSKI	12075 RIVONDA TERRACE	SEMINOLE FL 33772
VP & ^D Prqm 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. 500003050685--6 City -11/22/99--01054--004 ****236 FL ****236.25

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: Date: 10/30/99

REGISTERED AGENT MUST SIGN

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 10/30/99 727-339-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)