

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -3 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000005536

**1. Corporation Name**

Temple Terrace Pony Baseball, Inc.

**2. Principal Office Address**  
PO Box 291964

**3. Mailing Office Address**  
PO Box 291964

Suite, Apt. #, etc.

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**City & State**  
Temple Terrace, FL

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Temple Terrace, FL

**Zip** 33687 **Country** USA

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**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/24/1998

**5. FEI Number**  
650876420

**Applied For**  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**  
Resident Agent Corporation of Pinellas County, Inc.

**Street Address (P.O. Box Number is Not Acceptable)**  
970 Tyrone Blvd

**Suite, Apt. #, Etc.**

**City**  
St. Petersburg

300035159933

05/08/04--01015--002 \*\*297.50

**State** FL **Zip Code** 33743

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*Howard P. Ross, Vice President*  
REGISTERED AGENT MUST SIGN

**Date**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/Dir	Scott Endris	407 Druid Hills Road	Temple Terrace, FL 33617
VP/Dir	David Diaz	28424 Meadowrush Way	Wesley Chapel, FL 33543
T/Dir	Tonya Osborn	5024 E. 111th Avenue	Tampa, FL 33617
S/Dir	Sheila Stewart	10032 Ohio Avenue	Thonotosassa, FL 33592
R/Dir	Wendy Morales	10021 Hartts Drive	Tampa, FL 33617

**10. 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:**

*Scott Endris*

Scott Endris, President

**Date**

4/24/04

**Daytime Phone #**

813-293-0866

CR2E081 (01/04)