

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006300

1. Corporation Name

FEDERATION OF PROFESSIONAL BASEBALL PLAYERS, INC

Principal Place of Business

1376 SW 4TH STREET
MIAMI FL 33135

Mailing Address

13323 SW 27 STREET
MIAMI FL 33175
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

65-0881914

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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D	CALVINO-LOPEZ, WILFREDO	13323 SW 27 STREET	MIAMI FL 33175
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D	FLEITAS, ANDRES	14665 SW 47TH TERR.	MIAMI FL 33175
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D	LLANES, MANDY	11862 SW 37 TERRACE	MIAMI FL 33175
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T	DIAZ, LAZARO	1644 W 72 STREET	HIALEAH FL 33014
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T	ZARDON, RAMON A	14610 DADE PRIVE AVENUE	MIAMI FL 33014
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T	HEVIA, JOSE R	3601 SW 87 COURT	MIAMI FL 33165
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8. Name and Address of Current Registered Agent

MADURO, ROBERTO JR
9420 SW 6TH LANE
MIAMI FL 33124

9. Name and Address of New Registered Agent

Name Wilfredo Calvino Jr.

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

13323 SW 27 ST

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33175

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. or 617.0505, F.S.

Signature of
Registered Agent

Wilfredo Calvino Jr.

REGISTERED AGENT MUST SIGN

Date 12/06/02

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:

Wilfredo Calvino Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 220-6062

CR2ED40 (8/02)