

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:43

DOCUMENT # **N98000006906**

1. Corporation Name

POKER BASEBALL CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *03*



900023783309

10/14/03--01030--021 **236.25

Principal Place of Business

793 NW 123RD DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

793 NW 123RD DRIVE
CORAL SPRINGS FL 33071
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

12/03/1998

5. FEI Number

65-0882368

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
D	ROBERTS, MIKE	793 N.W. 123RD DRIVE	CORAL SPRINGS FL 33071
D	ROBERTS, LEONARD	5106 NW 125TH AVE	CORAL SPRINGS FL 33076
D	ROBERTS, FALINE	793 N.W. 123RD DRIVE	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

ROBERTS, MIKE
793 NW 123RD DRIVE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mike Roberts

Date *10/8/03*

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:

Mike Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 (954) 752-2447

Date

Daytime Phone #

CR2E040 (7/03)