

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000004476**

1. Corporation Name

**WELLINGTON WOLVERINE BASEBALL BOOSTER CLUB INC.**

Principal Place of Business

1600 TAMARACK WAY  
WEST PALM BEACH FL 33414

Mailing Address

1600 TAMARACK WAY  
WEST PALM BEACH FL 33414

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

07/21/1999

5. FEI Number

65-0940820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

02 OCT 28 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

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
<del>D</del>	<del>BENEDICT, SCOTT</del>	<del>1627 WOODBRIDGE LAKE CIR.</del>	<del>WEST PALM BEACH FL 33406</del>
D	TURNER, FRANK	14007 ASTER AVE.	WEST PALM BEACH FL 33414
D	JEROLOMAN, CHARLES	1600 TAMARACK WAY	WEST PALM BEACH FL 33414
D	Bloom, EDWARD	11894 Sturbridge La	WEST Palm Beach FL 33414

8. Name and Address of Current Registered Agent

JEROLOMAN, CHARLES  
1600 TAMARACK WAY  
WEST PALM BEACH FL 33414

9. Name and Address of New Registered Agent

Name

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

700008622617

Suite, Apt. #, Etc.

10/28/02--01068--024 \*\*236.25

City

State  
FL

Zip Code

CR2E040 (8/02)

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/20/02

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/02 561-791-1182

Date

Daytime Phone #