

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 13 AM 11:28

DOCUMENT # P02000037864

1. Corporation Name

BRUCE-BALL / South Florida Baseball School  
INC.

2. Principal Office Address

4364 NW 9th AVE

3. Mailing Office Address

Suite, Apt. #, etc.

2A-14 #221

Suite, Apt. #, etc.

City & State

POMPANO BEACH, Florida

City & State

Zip

33064

Country

USA

Zip

Country

600039124866  
07/14/04--01043--010 \*\*300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 4/1/02

5. FEI Number

NONE

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

BRUCE ALAN CHARLEBOIS

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

4364 NW 9th AVE

Suite, Apt. #, Etc.

2A-14 #221

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Bruce A. Charlebois

REGISTERED AGENT MUST SIGN

Date 7/9/04

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
Director	MICHELLE N. CHARLEBOIS	4364 NW 9th AVE #221	POMPANO BEACH, FL 33064

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 118.07(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:

Michelle N. Charlebois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

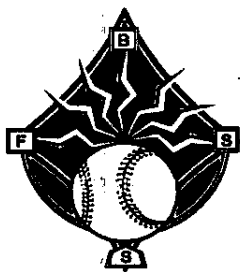
Date

7/9/04

Daytime Phone #

954-868-8476

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South Florida Baseball School  
4364 NW 9<sup>th</sup> Ave 2A-14  
Deerfield Beach, Fl. 33442  
954-326-2373  
[Cbruceball@aol.com](mailto:Cbruceball@aol.com)

Document # P02000037864

To Whom It May Concern,

This letter is to request that your department wave the reinstatement fee for the above referenced Corporation.

Mr. Bruce Charlebois has gone through a divorce at the end of the 2003 and moved to a different address at the beginning of 2004. Life changing events have taken place in the last 2 years from deaths to handicapped mother and divorce.

On March 30<sup>th</sup>, 2003 Mr. Charlebois gave a check to BJ Accounting firm for \$150.00 to send to your department for the year of 2003. Because your office never received the letter with the check # 1330, the Corporation became dissolved. Mr. Charlebois assumed his Corporation was taken care of but has found out today that it is not active. He wants to reinstate and bring his Corporation current and active. Please accept the \$300.00 check enclosed with this letter for 2003 and 2004. Please wave the reinstatement fee due to not receiving the Divisions of Corporations Notice from his ex wife.

Sincerely,

*Michelle N. Charlebois*  
Director of South Florida Baseball School  
Michelle Charlebois