

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 16 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073016

1. Corporation Name

Harball Baseball School, Inc.

REINSTATEMENT 03-04

300027634533
02/16/04--01025--018 **150.25

2. Principal Office Address

3101 SW 79 Ct.

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33155

Country

Dade

3. Mailing Office Address

3101 SW 79 Ct.

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33155

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0444029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miguel Tosar

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

3101 SW 79 Ct.

Suite, Apt. #, Etc.

City

Miami, Fl

State
FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date 1/14/04

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 |
|--------|--------------------------------------|---|--------------------|
| D | Miguel Tosar | 3101 SW 79 Ct. | Miami, Fl 33155 |
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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:

Miguel Tosar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

305 969 4411

Daytime Phone #

CR2E061 (10/02)