

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1062
 FILED

00 OCT 24 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000004876

1. Corporation Name

MAJOR LEAGUE HEROS NO. 1, INC.

Principal Place of Business

Mailing Address

953 W COMMERCIAL BLVD
 PORT LAUDERDALE FL 33308

953 W COMMERCIAL BLVD
 PORT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0807856

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	LAMBERTI, RALPH J	10600 NW 10 ST	PLANTATION FL 33322
D	FRASCA, ANTHONY A.	1100 E OAKLAND PK BLVD	OAKLAND PK FL 33334

100002478151-6
 -11/28/00--01046--002
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRASCA, DOMENICA
 3600 N FEDERAL HWY THIRD FL
 FT LAUDERDALE FL 33308

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.

Signature of Registered Agent

X *[Signature]* SIGNATURE REQUIRED

Date 10-18-00

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:

X *[Signature]* RALPH J. LAMBERTI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00

Date

(954) 491-7555

Daytime Phone #

10-18-00

2062

TO WHOM IT MAY CONCERN:-

ON MONDAY OCT 16, 2000 WE RECEIVED A
NOTICE OF ADMIN. DISSOLUTION OR REVOCATION OF OUR CORP.

I IMMEDIATELY CONTACTED YOUR OFFICE TO LET YOU
KNOW THAT ON APRIL 2, 2000 WE HAD MAILED
~~THE~~ UBR WITH \$150⁰⁰ TO YOUR OFFICES. EVIDENTLY
THE FORM AND CHECK MUST HAVE GOTTEN LOST IN THE
MAIL. THE REPRESENTATIVE I SPOKE WITH ADVISED ME TO
FILL OUT THE REINSTATEMENT APPLICATION AND RETURN
TO YOUR OFFICE WITH COVER LETTER AND \$150⁰⁰ CHECK
THAT WAS SUBMITTED ORIGINALLY. ALSO, ENCLOSED IS A
COPY OF ORIGINAL UBR FORM THAT WAS MAILED OUT
APRIL 2, 2000 TO YOUR OFFICE. PLEASE ACCEPT OUR
APPLICATION AND \$150⁰⁰ FEE TO PUT OUR CORP. CURRENT.

THANKING YOU IN ADVANCE-

Ralph J. Lambert

RALPH J. LAMBERT

MAJOR LEAGUE HERO'S NO. 1, INC
953 W. COMM BLVD.
FT. LAUD FL 33309

IF YOU NEED TO SPEAK
WITH ME CONCERNING THIS
MATTER, PLEASE DO NOT
HESITATE TO CALL ME AT
(954) 491-7555

THANK YOU
R2

RE: DOCUMENT # P98000004876