1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
J06000034799

FILED
06 AUG 18 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26615

1. Corporation Name
MIAMI MEN'S SENIOR BASEBALL LEAGUE, INC.

700078986317
08/22/06--01019--013 **750.00

REINSTATEMENT 02-06

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5681 SW 59 PLACE | 5681 SW 59 PLACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SOUTH MIAMI, FL | City & State: SOUTH MIAMI, FL |
| Zip: 33143 Country: USA | Zip: 33143 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 6, 1992

5. FEI Number: 650385705 ☐ 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: JAMES M. FILIPPUCCI

Street Address (P.O. Box Number is Not Acceptable): 5681 SW 59 PLACE

Suite, Apt. #, Etc.: SOUTH MIAMI

City: | State: FL | Zip Code: 33143

**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: _____ Date: 072906
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 | JAMES M. FILIPPUCCI | 5681 SW 59 PLACE | SOUTH MIAMI, FL 33143 |
| | | | |
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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: _____ JAMES M. FILIPPUCCI 072906 305.663.2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. Mitchell AUG 18 2006

2082

August 16, 2006

Division of Corporations
Corporation Reinstatement
State of Florida
PO Box 6327
Tallahassee, FL 32314

Re: Request for waiver of $600 Corporation Reinstatement Fee

To whom it may concern:

Enclosed is my application for corporation reinstatement for the Miami Men's Senior Baseball League dba South Florida Baseball League (FEI 65-0385705) along with a check for $750.00. The check represents payment for annual filing fees due for 2002, 2003, 2004, 2005 and 2006 (5 x $150 annual fee). The corporation was administratively dissolved for lack of annual report filing on 10/04/2002.

However, the business office was burglarized in 2002 and my computers were stolen. As a result, I relocated the corporate office and endured a painful transition as much of my mail was lost. Consequently, I did not receive the annual report notices and ended up overlooking my annual filing requirements. Because I never received the annual report notice I respectfully request a waiver of the $600 reinstatement fee so that I can get the business back in good standing and fully registered.

I greatly appreciate your consideration.

Sincerely,

James M. Filippucci
305.663.2521