PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<del></del>	FILED
CORPORATION	FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT	Secretary of State	06 AUG 18 AH 10: 22
	DIVISION OF CORPORATIONS  UD6 00 00 34799	FALL A MOST F. FLORIDA
DOCUMENT # リスしいら		FALL ANACS F. FLORINA
A. Communications		10/1
MILAMAN MEN'S SENIO	N BASSBALL LEAGUE, INC.	
Inthibit Mose 200	,	<b>700078986317</b> 08/22/0601019013 **750.00
		08/22/0601013813 **/50.00
2. Principal Office Address	3. Mailing Office Address	
5681 SW 59 PLACE	56815W 59 PLACE	REINSTATEMENT
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4 Styles and Styles
City 9 Course	0	4. Date Incorporated or Qualified To Do Business in Florida APRIL-6,1992
SOUTH MIAMI, P	South MIAMI, FI	5. FEI Number Applied For
Zip Country	Zip Country	6. Not Applicable
33143 USA	33143 BA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	ed Agent
Name JAM	ES M. FILIPPUC	
Street Address (P.O. Box Number is N	at Acceptable) 611 69 P. A.	-5
Suite, Apt. #, Etc.	081 300 37 1216	
	SOUTH MIAMI	
City	1	FL Zip Code 33143
8. I, being appointed the registered agent of the abo	we named co for jon, am familiar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.
Signature of		bligations of section 607.0505 or 617.0503, F.S.  Date 072904
Registered AgentRE	EGISTERED MUST SIGN	Date
9. Names and Street Addresses of Each Officer and	d/or Directo (fo/ida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	City / State / Zip
D- JAMES HA FU	1 PPUCE - SU81 SW-59 PLA	12 - SOUTH MIAMI, FZ-33143
OKNICS IN PIC	7770-1-300-30-3774	C 10011 1011-01/05/25/25/25
		·
10. I certify that I am an officer or director or the rece	river 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 diss	solution has been eliminated, the corporate name satisfie	s the requirements of section 607,0401 or 617,0401, F.S., that all fees an exemption under section 119,07(3)(i), F.S. The information indicated
	brigure shall have the same legal effect as if made under	
	JAMES M. FILIPA	acel 072906 305.663.2521
SIGNATURE: SIGNATURE AND TYPED OF P	JAMES M. FICTIFICATION	Date Daytime Phone #
- 1/#		The state of the s

B. Mitchell AllG 1.8 2006

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