

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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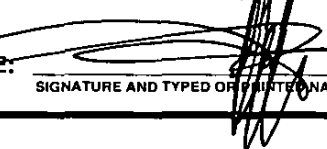
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT

02-06

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 006 0000 34799	
DOCUMENT # U26615			
1. Corporation Name MIAMI MEN'S SENIOR BASEBALL LEAGUE, INC.			
2. Principal Office Address 5681 SW 59 PLACE Suite, Apt. #, etc.		3. Mailing Office Address 5681 SW 59 PLACE Suite, Apt. #, etc.	
City & State SOUTH MIAMI, FL Zip 33143 Country USA		City & State SOUTH MIAMI, FL Zip 33143 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida APRIL 6, 1992		5. FEI Number 050385705 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			
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
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: 		DATE 072906	DAYTIME PHONE # 305.663.2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CP2E081 (01/04)

B. Mitchell AUG 18 2006

2012

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:

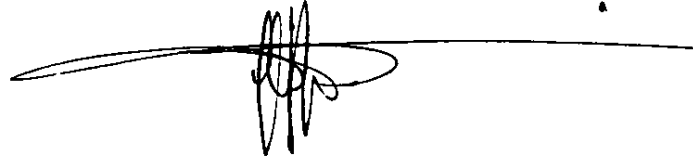
Enclosed is my application for corporation reinstatement for the Miami Men's Senior Baseball League dba South Florida Baseball League (FEI 65-0385705) along with a check for \$750.00. The check represents payment for annual filing fees due for 2002, 2003, 2004, 2005 and 2006 (5 x \$150 annual fee). The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

A handwritten signature in black ink, appearing to be 'J. Filippucci', is written over a horizontal line.