## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

705793

1. Corporation Name

NORTH EAST LITTLE LEAGUE, INC.							03 DE	C 16 MIL.	03	
	Place of Busine	•				STATISTE ORIDOS				
				P.O. BOX 7562 ST PETERSBURG FL 33734-7562			200025535662			
If above addresses are incorrect in any way, line through in:  2. New Principal Office Address, If Applicable  3. N				th incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			12/16/0301076006 **61.25  4. Date Incorporated or Qualified To Do Business in Florida 06/24/1963			
Suite, Apt			Suite, Apt. #,	Suite, Apt. #, etc.  City & State			5. FEI Number Applied For Not Applicable			
Zip Country			Zip	Zip		ountry 6.		S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Office	r and/or Director (Flo	orida nonprofit	corporat	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	MOELLER,	202 44TH AVENUE NORTH 4039 Bayshure Blod NE				ST. PETERSBURG FL 33703				
24P D	JOHNSON,	1400 46TH AVENUE N				SAINT PETERSBURG FL 33703				
JØ TD	TTD WOOD, DUNNA Crutchfield, George				TWATE den	Tile Oc NE	<u>.</u>	ST PETERSBURG FL 33704		
Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
MOELLER, DANIEL M						Name    Chart Avis   Street Address (R.O. Box Nember is Not Acceptable)   Chart   Char				
2 <del>02-4</del> 4 St. Pe	F <del>L 38</del> 703	Street Address (P.O. Box Numb 3 2 5 Snell JS Suite, Apt. #, Etc.				le (Str.) He 205C				
						City (e)	Rrsburg	Sta F		
10. I, being	g appointed the	registered agent of the	e above named corpo	pration, am fan		h and accept the ob	ligations of Section	on 607.0505, F.S. or 617.05	1	
Signature o Registered			REGISTERED AG	ENT MUST S		(, Jal T f	tu.	Date 12/10	103	
11. I certify	that I am an o	fficer or director or the	receiver or trustee em	npowered to e	xecute ti	his application as pr	ovided for in cha	pter 607 or 617, F.S. I furthe	er certify that when filing	

SIGNATURE:

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.

## NORTHEAST LITTLE LEAGUE, INC.

P.O. Box 7562 St. Petersburg, Florida 33734=7562

December 11, 2003

Department of State ATTN: Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314

RE: Reinstatement of Northeast Little League, Inc.

We recently received in the mail a Notice of Administrative Dissolution and were very concerned about it.

Our records show that we sent the necessary information and our check number 1064 for \$61.25 to your office on or about July 12, 2003.

After speaking to your office, it was suggested that we write this letter, indicate that we did not receive to our knowledge a rejection letter, submit our Application for Reinstatement, and request respectfully that any penalties be waived.

Enclosed is another check for \$61.25 (our check number 1096) and we ask that you void or destroy the check you currently hold (#1064).

Thank you for your consideration as every nickel is important to our all volunteer baseball league.

/...<u>.</u>.

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Avis, President

Cc: File