

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 23 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 716465

1. Corporation Name

Bloomington Little League, Inc.

Principal Place of Business

Mailing Address

P.O. Box 9  
Brandon, FL 33589-0009

P.O. Box 9  
Brandon, FL 33589-0009

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2653049

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors                               | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|---|---|---|
| PO         | ALLAN M. TROVILLION<br>2509 MASON OAKS DRIVE<br>VALRICO, FL 33594 | 2509 MASON OAKS DRIVE   | VALRICO, FL 33594   |
| VD         | Randy Sinclair  | 2711 Cedarcrest Place   | VALRICO, FL 33594   |
| VD         | Janet Bausman   | 407 Apache Trail  | Brandon, FL 33511   |
|            |   |   | 100002469571--9<br>-03/26/98--01089--011<br>***306.25 ***306.25 |
|            |   |   | <b>REINSTATEMENT</b> 07/14/98<br>3/14/98                        |

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*(Blank area with diagonal line)*

Name: ALLAN M. TROVILLION  
Street Address (P.O. Box Number is Not Acceptable): 2509 MASON OAKS DRIVE  
Suite, Apt. #, Etc.:  
City: VALRICO State: FL Zip Code: 33594

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

*(Signature)* ALLAN M. TROVILLION  
REGISTERED AGENT MUST SIGN

Date: 3/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on Intangible tax.)

12. 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:

*(Signature)* ALLAN M. TROVILLION  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/98 (813) 684-1273

CR2E040 (1/98)