

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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04/08/03--01007--005 **52.50

DOCUMENT # 716465

1. Corporation Name

Bloomington Little League

2. Principal Office Address

2215 Bloomington Ave.

3. Mailing Office Address

2215 Bloomington Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico

City & State

Valrico

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 29, 1969

5. FEI Number

59-2653049

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

Christina Davis (D)

Street Address (P.O. Box Number is Not Acceptable)

3915 Kristin Place

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

Christina Davis

Date 3/6/03

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
TR	Daniel J. Murphy (D)	3615 Springville Dr.	Valrico, FL 33594
SEC	Brenda Newman (D)	5104 Sylvan Oaks Drive	Valrico, FL 33594
VP	Jon Perucki (D)	4606 Ridgecliff Dr.	Valrico, FL 33594

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:

Daniel J. Murphy

Daniel J. Murphy

3/6/03

813-657-8527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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