

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 15 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92 000000697

1. Corporation Name

Tallahassee/Leon Babe Ruth League, Inc

HR

200010135882
01/15/03--01080--008 **297.50

REINSTATEMENT 01-02

2. Principal Office Address

5002 BRILL PT

Suite, Apt. #, etc.

3. Mailing Office Address

5002 BRILL PT

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

Zip

32312

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

12/9/1992

5. FEI Number

59-314456

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

LAWTON LANGFORD

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

5002 BRILL PT

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

State

FL

Zip Code

32312

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Nov 15, 2002

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
Pres/D	<u>Charley Redding</u>	<u>2008 DOGWOOD HILL</u>	<u>TALLAHASSEE, FL 32308</u>
VPD	<u>Gail Harrison</u>	<u>1951 CELTIC RD</u>	<u>TALLAHASSEE FL 32317</u>
Sec/Treas	<u>Lawton Langford</u>	<u>5002 BRILL PT.</u>	<u>TALLAHASSEE FL 32312</u>

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 1.19.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/02

Daytime Phone #

850/576-3171

CR2E081 (9/01)