

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004976

1. Corporation Name

North Springs Little League, Inc.

2. Principal Office Address

5110 N.W. 106 Terrace

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33076

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1994

5. FEI Number

650525955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark S. Mucci, Esquire of Benson, Mucci & Associates, LLP

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

One Financial Plaza

Suite, Apt. #, Etc.

Suite 1600

City

Ft. Lauderdale

State

FL

Zip Code

33394-1697

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	Miles Sohn	5410 N.W. 121 Avenue	Coral Springs, FL 33076
VP/D	Michael Burzesi	5459 N.W. 106 Drive	Coral Springs, FL 33067
D	Mark S. Mucci	5110 N.W. 106 Terrace	Coral Springs, FL 33076

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:

Mark S. Mucci

Mark S. Mucci

10/22/03

Date

(954) 524-6800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

Benson, Mucci & Associates, LLP
ATTORNEYS AT LAW

ONE FINANCIAL PLAZA, SUITE 1600
FORT LAUDERDALE, FLORIDA 33394-1697

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FACSIMILE (954) 463-6963

October 21, 2003

Amendment Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: North Springs Little League, Inc.
Document Number N94000004976

Dear Sir/Madame:

In connection with the above reference nonprofit corporation, enclosed herewith please find a completed Transmittal Letter and Statement of Change of Registered office and Registered Agent, along with a check in the amount of \$35.00 to cover the filing fee for same.

Also enclosed please find a Corporation Reinstatement for this same nonprofit corporation and a check in the amount of \$183.75 to cover the annual report fee for the years 2001, 2002 and 2003. **Please be advised that the corporation never received a letter of dissolution from the Division of Corporations and for this reason we ask that you waive the \$175.00 reinstatement fee and fully reinstate North Springs Little League, Inc., as a Florida nonprofit corporation.**

Should you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Very truly yours,

BENSON, MUCCI & ASSOCIATES, LLP



Mark S. Mucci, Esquire
For the Firm

MSM/esp