

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007045**

1. Corporation Name

West Tampa Little League Corporation

2. Principal Office Address

2000 Jamaica St.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip 33607

Country Hills.

3. Mailing Office Address

P.O. Box 4226

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip 33677

Country Hills.

**4. Date Incorporated or Qualified
To Do Business in Florida**

1962

5. FEI Number

59-3548809

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

Mario Garrido

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

2113 W. Ivy Street

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33607

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

Mario Garrido
REGISTERED AGENT MUST SIGN

Date March 24, 2000

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	Mario Garrido	2113 W. Ivy Street	Tampa, FL 33607
V	Tony Moran	3405 Gray Street	Tampa, FL 33609
T	Mike Vitoria	4315 Carmen Street	Tampa, FL 33609
S	Maggie Garrido	2113 W. Ivy Street	Tampa, FL 33607
D	Beau Bohannon	3415 W. Kathleen Street	Tampa, FL 33607
D	Joe Villa, Jr.	209 N. Lincoln Ave.	Tampa, FL 33606

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:

Mario Garrido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2000

Date

813-879-2291

Daytime Phone #

KE

CR2E081 (9/99)