

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

00 JUN -8 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 713112

**1. Corporation Name**

Immokalee Little League Baseball Association, Inc.

**2. Principal Office Address**

Post Office Box 5096

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip 34143

Country USA

**3. Mailing Office Address**

Post Office Box 5096

Suite, Apt. #, etc.

City & State

Immokalee, Florida

Zip 34143

Country USA

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

July 25, 1967

**5. FEI Number**

52-1242228

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

Tammy S. Yzaguirre

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

1313 Orange Street

Suite, Apt. #, etc.

City

Immokalee

**REINSTATEMENT** 713-00

400003308104-9

06/28/00-01076-020

State \*\*\* 1830.00 34142 \*\*\* 1830.00

FL

**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

*Tammy S. Yzaguirre*  
REGISTERED AGENT MUST SIGN

Date

6/5/2000

**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
Pres.	Tammy S. Yzaguirre (D)	1313 Orange Street	Immokalee, FL 34142
v. Pres.	Jeff Davenport (D)	19404 Immokalee Road	Immokalee, FL 34142
Sec.	Janie Adame (D)	201 Calle Amistad	Immokalee, FL 34142
Treas.	Robert Coleman (D)	1400 15th Street North	Immokalee, FL 34142
* Tammy gave permission to correct document - 6/5/00 JUN 15 2000			

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tammy S. Yzaguirre*  
*Tammy S. Yzaguirre*

Date

Daytime Phone #

6/5/00 (941) 657-3635

CR2E081 (9/99)