

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007045**

1. Corporation Name

WEST TAMPA LITTLE LEAGUE CORPORATION

Principal Place of Business

Mailing Address

2000 JAMAICA ST
TAMPA FL 33607

PO BOX 4226
TAMPA FL 33677

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



700025331221
12/08/03-01085-022 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1998

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MORAN, ANTHONY	3010 SPRUCE ST	TAMPA FL 33607
V	Sheree Schnitzler MORAN, TONY	3510 Sevilla St. 3405 GRAY STREET	Tampa, Fla. 33629 TAMPA FL 33609
T	Mike Baluja ALVAREZ, LIONEL	611 N. Lincoln Ave. 3501 NORTH D ST	Tampa Fla. 33606 TAMPA FL 33609
S	Missy Villa GAMEZ, MARTHA	209 N. Lincoln Ave. 33050 W DEWEY ST	Tampa Fla 33606 TAMPA FL 33607
D	Theresa Collins BOHANNON, BEAU	1012 W. Coral St. 3415 W. KATHLEEN STREET	Tampa Fla. 33602 TAMPA FL 33607
D	Pete Rodriguez VILLA, JOE JR.	3011 San Jose St. 209 N. LINCOLN AVE.	Tampa Fla. 33629 TAMPA FL 33606

8. Name and Address of Current Registered Agent

MORAN, ANTHONY
3010 SPRUCE ST
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100025331221
12/08/03-01085-022 **245.25
State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

11.21.03

REGISTERED AGENT MUST SIGN

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.21.03

Daytime Phone #

CR2E040 (7/03)