


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # 700675

1. Corporation Name

MEADOWLAWN LITTLE LEAGUE INC

REINSTATEMENT 01

Principal Place of Business

7390 18TH ST N.  
PO BOX 20644  
ST. PETE FL 33742  
US

Mailing Address

7390 18TH STREET N  
P O BOX 20644  
ST PETERSBURG FL 33742  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/1969

5. FEI Number

23-7061591

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	CARBONARO, CARLA	1960 74TH AVE N	ST. PETERSBURG FL 33702
TD	CARSON, SHIRLEY A	8414 17TH STREET NORTH	ST. PETERSBURG FL 33702
VPD	ACCETTA, CHUCK	2931 DARTMOUTH AVE N	ST PETERSBURG FL
PD	ACCETTA, CHUCK	2931 DARTMOUTH AVE N	ST. PETE, FL 33713
TD	ACCETTA, NILDA	3122 W. VERA DEL MAR BO	ST. PETE BAY, FL 33706
VPD	ACCETTA, DAWN	2931 DARTMOUTH AVE N	ST. PETE, FL 33713

8. Name and Address of Current Registered Agent

CARBONARO, CARLA  
3075 HERON PLACE  
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name  
CHUCK ACCETTA  
Street Address (P.O. Box Number is Not Acceptable)  
2931 DARTMOUTH AVE N  
Suite, Apt. #, Etc.  
City  
ST. PETERSBURG  
State  
FL  
Zip Code  
33713

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-4-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHUCK ACCETTA

12-4-01

Date

(727) 384-7636

Daytime Phone #

CR2E040 (8/01)