

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/04/07- 01026--008 **193.75

REINSTATEMENT 05-07
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702272

1. Corporation Name
North Lakeland Little League, Inc
AMERICAN
607000005488

2. Principal Office Address - No P.O. Box #
7044 Green Road

3. Mailing Office Address
7044 Green Road

Suite, Apt. #, etc.

City & State
Lakeland, FL

Zip **33809** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
4/13/1961

5. FEI Number
593178211

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
Danna L. Neely

Street Address (P.O. Box Number is Not Acceptable)
7044 Green Road

Suite, Apt. #, Etc.

City **Lakeland** State **FL** Zip Code **33809**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Danna L. Neely* Date **1/25/07**
REGISTERED AGENT MUST SIGN

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	Danna L. Neely	7044 Green Road	Lakeland, FL 33809
V	Ricky Robinson	7044 Green Road	Lakeland, FL 33809
V	Cliff Nettles	7044 Green Road	Lakeland, FL 33809
T	Juanita L. Hodges	7044 Green Road	Lakeland, FL 33809

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 contained in Chapter 119, 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: *Danna L. Neely* Date **1/25/07** Daytime Phone # **(863) 242-6587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07