PLEASE READ ALL'INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| PLEASE READ ALL INSTRUCTIONS BEFORE CONFLETING THIS FORM. | | | | | | | | | | |
|--|--------------------------------------|-------------|--------------|---------------------|---|-----|--|--|--|--|
| | RPORATI | ION MENT | | | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | | ΓE | | FILED | |
| KEIN | SIAIEM | | | DIVISIO | | | | | 2007 MAR 12 AM 8: 37 | |
| DOCUMENT # 702272 1. Corporation Name American | | | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| North Lakeland Little League, Inc | | | | | | | - 4 [4,104, | 10095799434 707-01028008 **183.75 - | | |
| W070000548 | | | | | | | | | 14-D | |
| 7044 Green Road | | | | 7044 Green Road | | | | REINSTATEMENT OF T | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 4. Date Incorp | orated or Qualified 4.14.0.14.0.0.4 | |
| City & State | | | | City & State | | | | To Do Business in Florida 4/13/1961 S. ESI-Number 244 Applied For | | |
| | akeland, FL | | Lakeland, FL | | | | 5931/8211 Not Applicable | | | |
| [™] 3380 |)9 | US | ŠA | 33809 | | ÜŜA | | 6. CERTIFICATE | OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | |
| Danna L. Neely | | | | | | | | The reinstatement fee is imposed, except in circumstances which the entity did not receive | | |
| 7044 Green Road (Ceptable) | | | | | | | the prior notices. By checking this box, you are certifying the prior notices were not | | | |
| Suite, Apt. #, Etc. received and requesting the reinstate fee be waived. | | | | | | | | | ed and requesting the reinstatement | |
| Lakeland , state 33809 | | | | | | | | iee be waiveu. | | |
| 8. I, being appointed the registered agent of the above ramed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date | | | | | | | | | | |
| 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 | |
| Р | Danna L. Neely | | | | 7044 Green Roa | | | ad | Lakeland, FL 33809 | |
| ٧ | Ricky Robinson | | | | 7044 Green Road | | | ad | Lakeland, FL 33809 | |
| ٧ | Cliff Nettles | | | | 7044 Green Road | | | ad | Lakeland, FL 33809 | |
| Т | Juanita L. Hodges | | | es | 7044 Green Road | | | ad | Lakeland, FL 33809 | |
| | | | | | | | | | | |
| | | | | | - Q | | | | | |
| 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 filling 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: SIGNATURE: Daytime Phone # Daytime Phone # | | | | | | | | | | |

211500