PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPLET		DRM.Pg lon	
APPLICATION FLORIDA DEPARTMENT OF STATE				15	
ATTA	Jim Smith				
REINSTATEMENT	Secretary of S DIVISION OF CORPOR			= D	
DOCUMENT # 70547	'3		02 NOV 22 P	M 6: 65	
1. Corporation Name					
WINTER PARK LITTLE LEAGUE, INC.			TALLAHASGEE	FLORIDA	
Department Difference Directore					
Principal Place of Business Mailing Address ST ANDREWS AVE. AT LOCH LOMOND AVE. P O BOX 3702					
P.O. BOX 4552 P.O. BOX 4552 WINTER PARK FL 32790 WINTER PARK FL 32790				I DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN	
US		20	n71		
If above addresses are incorrect in any way, line thro 2: New Principal Office Address, If Applicable			porated or Qualified -		
Suite, Apt. #, etc. Suite, Apt. #, etc.			iness in Florida	04/12/1963	
City & State City & State		5. FEI Numb	^{er} 52-1287615	Applied For	
Zip Country	Zip Country	6.		Not Applicable \$8.75 Additional Fee required	
		CERTIFICAT	TE OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/c Titlo (c) Name of Officers		tions must list at least 3 directors) eet Address of Each		014 / 01-44 / 71	
Title(s) and/or Directors 3 Officer and/or Director				City / State / Zip	
LOGAN, AMY D 5533 ALBERT DRIVE WINTER PARK, FL 32792					
LOGAN, PAUL	D 2300 GADY WAY	BERT DRIVE	WINTER PARK FL	- 32792 -	
SCHNEIDER GARY R - 1995 RAINTREE PLACE		DEKIURIUR		PARK, FL.32792	
T MORELLY, DAN 616 BRECHIN		ECHIN DRIVE	WINTER P	ARK, PL 32792	
SO DEPDER KIT	KIT D 532 BRECHND		WINTER PARK FL	ARK, FL 32792	
PB LOGAN, PAUL	1508 SUMMERW	1506 SUMMERWIND DRIVE WINTER PARK FL-62792			
		800008713378			
		10/30/	/02011160	38 **61.25	
			Address of New Regis	,	
MANENDER ADAR LOGAN, AMY		Name Amy M.	Logan	CR2E040	
- Hebelinet 400- 5533 A	UBERT DR.	5533 Albu	+ Urive	R2E04	
WINTER	PARK, PL 32792	Suite, Apt. #, Etc.			
	22192	Winter Park	<u>)</u>	FL 32792	
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 UMOUNAN AVOIDTRED Date 10-25-02					
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: SUMMYTMRE OGANWRED 10-25-02 (1-5555					
SIGNATURE AND TYPED OR DRINTED NAME OF OTHER OR DISCORD OR DISCORD OR DISCORD					
SIGNATURE AND UPED OR PRIN	IED NAME OF SUNING OFFICER OR D	HEGTOR	Date	Daytime Phone #	

pg 20fr



Winter Park Little League P.O. Box 3702 Winter Park, FL 32790 (407) 647-3702 OR (407) 671-5555 FAX: (407) 679-8911

October 25, 2002

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> Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

I am writing this letter to request a waiver of the Reinstatement Fee for Winter Park Little League, Inc. We did not receive the appropriate paperwork for the 2002 season and I have attached the correct contact information for the Board of Directors for our Non-Profit Organization.

Sincerely,

amy m. Legan

Amy Logan President Winter Park Little League