

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707370

1. Corporation Name

North Merritt Island Little League, Inc.

~~121-68516~~

2. Principal Office Address - No P.O. Box #1

255 W Merritt Ave.
DALE FL 32953

3. Mailing Office Address

2972 Glenridge Circle Merritt Island, FL 32953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

Brevard

Zip

32953

Country

Brevard

600168248276

02/08/10--01067--012 **306.25

CR2E081 (11/09)

REINSTATEMENT

06-10

4. Date Incorporated or Qualified To Do Business in Florida

1964

5. FEI Number

59-3400889

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

Patti Stephens

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

2972 Glenridge Circle

Suite, Apt. #, Etc.

4

City

Merritt Island

State

FL

Zip Code

32953

☒ 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

Patti Stephens

Date

2/3/10

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 Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
President	Patti Stephens	2972 Glenridge Circle	Merritt Island, FL 32953
Vice President	Billy Stephens	2972 Glenridge Circle	Merritt Island, FL 32953
Secretary	Brenda Pemberton	5280 Wildwood Ave	
Treasurer	Wendy Jarvis	485 Robin Hood Dr.	
Player Agent	Jack Lylery	1445 Cepheus Ct.	
IO	Bill Chambers	3769 Sierra Dr.	
Safety Officer	Rich Gursky	3729 Sunward Dr.	

10. E-mail Address: mstephens63@cfllr.com

(To be used for future annual report notification)

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. I further certify, 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:

Patti Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/10

Date

321-795-1844

Daytime Phone #