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
99 OCT 27 PM 7:21

DOCUMENT # **710282**

1. Corporation Name

**CONWAY LITTLE LEAGUE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 561253<br>ORLANDO FL 32856-1253<br>US | P O BOX 561253<br>ORLANDO FL 32856-1253<br>US |

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

**REINSTATEMENT** 99

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/1966

5. FEI Number: 23-7396676 ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| P | ~~WATWOOD, ANGIE~~ Valenti, Linda | ~~2709 GLENDORA AVENUE~~ 6025 Greenduck Ave | ORLANDO FL ~~32812~~ 32822 |
| VP | ALLEN, CRAIG | 5034 DORETTA CT. | ORLANDO FL 32807 |
| D | WIELAND, GLEN | 3309 RAEFORD ROAD | ORLANDO FL |
| T | ~~WIELAND, GLEN D~~ Tomassi, Mark | ~~3309 RAEFORD RD.~~ 4032 Bounce Drive | ORLANDO FL ~~32812~~ 32812 |
| PD | ~~WATWOOD, ANGIE~~ Culver, Michelle | ~~2709 GLENDORA AVE~~ 4127 Bounce Drive | ORLANDO FL 32812 |
| ~~D~~ | ~~GLENDORA, MARIA~~ | ~~2709 CATWIN RIDGE DRIVE~~ | ~~ORLANDO FL 32812~~ |

8. Name and Address of Current Registered Agent

WATWOOD, ANGIE
2709 GLENDORA AVENUE
ORLANDO FL 32812

9. Name and Address of New Registered Agent

Name: Glen Wieland
Street Address (P.O. Box Number is Not Acceptable): 790 N. ORANGE AVE
Suite, Apt. #, Etc.: 600003035366--2 -11/04/99--01075--010 ****236.25
City: ORLANDO State: FL Zip: 32801

CR2E040 (9/99)

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: Glen D. Wieland
REGISTERED AGENT MUST SIGN
Date: 10/23/99

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: Linda Valenti 10/23/99 838-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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