

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W66 00000/082

**FILED**

06 FEB 14 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 712512

1. Corporation Name

NORTH SEMINOLE LITTLE  
LEAGUE INC

800066253498  
02/21/06--01015--010 \*\*551.25

2. Principal Office Address

8222 ROWLETTE ROAD PO BOX 9304

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33604 HILLS

City & State

TAMPA FL

Zip

33674 HILLS

**REINSTATEMENT**

01-06

4. Date Incorporated or Qualified  
To Do Business in Florida

9-21-2001

5. FEI Number

☒ 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 BENJAMIN RAVENEL

Street Address (P.O. Box Number is Not Acceptable)  
6620 N 23RD STREET

Suite, Apt. #, Etc.

City TAMPA

State  
FL

Zip Code  
33610

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

*Benjamin Ravenel*  
REGISTERED AGENT MUST SIGN

Date

12/23/05

**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	BENJAMIN RAVENEL	6620 N 23RD ST	TAMPA FL 33610
VP	MICHAEL MCKEIVY	1201 E JEAN ST	TAMPA FL 33604
VP	MONICA MOFFITT	12316 KELLY LN	THONOTOSA FL 33592
T	MARION KNIGHT-MARSHALL	4301 E HENRY AVE	TAMPA FL 33610
S	STEPHANIE STUTTS	1203 E NORTH ST	TAMPA FL 33604

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 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:

*Benjamin Ravenel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/05 - (813) 238-8770  
Date  
B Mitchell  
Date of Filing