

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 712565

1. Corporation Name

Hardee County Little League, Inc.

Principal Place of Business

Mailing Address

--500-West-Main-Street--- PO Box 2035
--Wauchula, FL-33873-- Wauchula, FL 33873

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

2. New Principal Office Address, If Applicable

514 Boyd Cowart Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Wauchula, FL

City & State

Zip

33873

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4-10-67

5. FEI Number

59-2653623

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	George Heine	801 South 10th Avenue	Wauchula, FL 33873
--V-- V/D	Derrell Bryan Steve Hatton	801 South 10th Avenue 704 Oak Forest Lane	Wauchula, FL-33873-- Wauchula, FL 33873
--S-- S/D	Gayle Palmer Jacki Johnson	RT-1--- 4520 Fair Avenue	Bowling Green, FL-33890 Bowling Green, FL 33834
VP/D	Millie Bolin	525 Dansby Road	Wauchula, FL 33873
T/D	Cindy Lambert	514 Boyd Cowart Road	Wauchula, FL 33873
PA/D	Vincent M. Crawford	342 Altman Road	Wauchula, FL 33873

8. Name and Address of Current Registered Agent

--Palmer, Gayle--
--214-W.-Palmetto-St.----
--Wauchula, FL-33873--

9. Name and Address of New Registered Agent

Name

Vincent M. Crawford

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

342 Altman Road

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

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

Vincent M. Crawford

REGISTERED AGENT MUST SIGN

Date

5-1-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

Cynthia Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia Lambert

Date

5-1-98

941-773-4917

Daytime Phone #

CR2E040 (1/98)

FILED

98 MAY -8 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1225.00 ***1225.00

REINSTATEMENT

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