

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 11 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000134328690
08/11/08--01054--002 **245.00

DOCUMENT # 714282

1. Corporation Name

Union Park Little League, Inc

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

Downey park

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 780366

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32825

Country

USA

Zip

32878

Country

USA

REINSTATEMENT
CR2E08+ (42/01)

4. Date Incorporated or Qualified
To Do Business in Florida 03/20/1968

5. FEI Number
59-1635743

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

L. Ferer

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

1825 S Econlockhatchee Tr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

☒ 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

REGISTERED AGENT MUST SIGN

Date 08/09/2008

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
Pres	L Ferer	1825 S Econolockhatchee Tr	Orlando, FL 32825
Trea	D Storch	962 Tomes Port	Orlando, FL 32825
Sec	V Baxter	4531 Waterside Pointe Cr	Orlando, FL 32829

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/09/2008

Date

407-683-9498

Daytime Phone #

B. Mitchell AUG 11 2008