

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 715441

1. Corporation Name

OVIEDO LITTLE LEAGUE, INC.

Principal Place of Business

112 KING ST.
P.O. BOX 935
OVIEDO FL 32765

Mailing Address

P.O. BOX 620935
OVIEDO FL 32762

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

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

10/21/1968

5. FEI Number

59-1278623

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 3	City / State / Zip 4
PD	WITT, KATHY	460 WILMINGTON CIRCLE	OVIEDO FL 32765
VPD	LOHRMAN, JEFF	3826 GARNABY DR	OVIEDO FL 32765
VPD	PANAGIOTOU, PATRICK	437 ARTESIA ST	OVIEDA FL 32765
D	O'BRIEN, DOUG	1651 WICHITA	OVIEDO FL 32765
TD	CLUXTON, TODD	1951 WRENFIELD LANE	OVIEDO, FL 32765
D	CLUXTON, DEBRA	1951 WRENFIELD LANE	OVIEDO, FL 32765

8. Name and Address of Current Registered Agent

WITT, KATHY
460 WILMINGTON CIRCLE
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

TODD A. CLUXTON

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

1951 WRENFIELD LANE

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

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. or 617.0505, F.S.

Signature of
Registered Agent

Todd A. Cluxton

REGISTERED AGENT MUST SIGN

Date

11-3-2003

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:

Todd A. Cluxton TODD A. CLUXTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-2003

Daytime Phone #

407-977-1660

CR2E040 (7/03)