

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716207

1. Corporation Name

CITRUS PARK LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

7540 GUNN HIGHWAY
TAMPA FL 33625
US

P. O. BOX 340067
TAMPA FL 33694-0067
US

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

03/17/1969

5. FEI Number

52-1286855

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	ZECCA, TONY Mike Roberts	15609 JERICHO DR 13311 Kameelia Way	TAMPA FL 33626
SD	RUFFERT, CINDY	11938 SUGAR TREE DR	TAMPA FL 33625
VPD	ROBERTS, KIM	13311 KRAMERIA DR	TAMPA FL 33626
VPD	WADE, EDWARD Pat Skelton	6209 BOONE DR 4720 Deer Walk	TAMPA FL 33625
VPD	SINGLETON, DAVID	1809 TENNERY AVENUE	TAMPA FL 33624
TD	SMITH, JAMES T Debbie Johnson	4101 WINDTREE DR 16423 Offenbaur Rd	TAMPA FL 33556

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZECCA, TONY Mike Roberts 15609 JERICHO DR 13311 Kameelia Way TAMPA FL 33556	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. City State Zip Code
	FL

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 Michael J. Roberts
REGISTERED AGENT MUST SIGN

Date 7/25/01

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: Cynthia M. Ruffert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-962-1483
813-901-2211

CR2E040 (8/00)