

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716207

1. Corporation Name

CITRUS PARK LITTLE LEAGUE, INC.

2. Principal Office Address

7506 Gunn Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

Hillsborough

3. Mailing Office Address

P.O. Box 341574

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33694

Country

Hillsborough

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

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. Name and Address of Current Registered Agent

Name

Patrick W. Skelton

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

400 N. Ashley Blvd.

Suite, Apt. #, Etc.

Suite 2300

City

Tampa

State
FL

Zip Code
33624

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

Patrick W. Skelton

REGISTERED AGENT MUST SIGN

Date 11-21-02

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/D	David Hubbell	3425 Valley Ranch Dr.	Lutz, FL 33549
S/D	Diana Wilt	4915 Pennsbury Dr.	Tampa, FL 33625
T/D	Joanne Skelton	4720 Deerwalk Ln	Tampa, FL 33624
V/D	Al Bowman	5912 Hammock Woods Dr.	Odessa, FL 33556
V/D	Jeff Goldstein	15917 Bridgewater Ln.	Tampa, FL 33624
V/D	David Singleton	1919 Floretta View Dr.	Tampa, FL 33618

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:

Joanne Skelton

Joanne Skelton, Treasurer

11-21-02

(813) 801-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

TITLES	NAME	STREET ADDRESS	CITY/STATE/ZIP
V/D	Tucker Kruse	4302 Gunn Hwy #1201	Tampa, FL 33624
D	Bruce Oglevie	6003 Lemon Tree Ct.	Tampa, FL 33625
D	Paula Luce	15621 Gardenside Ln.	Tampa, FL 33624
D	Darcy McDonald	17035 Winners Cr.	Odessa, FL 33556
D	Dan Wilt	4915 Pennsbury Dr.	Tampa, FL 33624
D	Kevin Jackson	4501 Huntsman Ct.	Tampa, FL 33624
D	Kim Garcia	4615 Buckeye Rd.	Tampa, FL 33624
D	Jeff Boyd	11207 Partridge Dr.	Tampa, FL 33625
D	Karen Stewart	16924 Melissa Ann Dr.	Lutz, FL 33558
D	Mario Mirabel	4231 Forester Ln.	Tampa, FL 33624
D	Al Rabin	17306 Preakness Pl	Odessa, FL 33556

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