

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 17 AM 11:53
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # 716207

1. Corporation Name

Citrus Park Little League, Inc.

REINSTATEMENT 07-08

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

7506 gunn hwy

3. Mailing Office Address

po box 341574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

tampa fl

City & State

tampa fl

Zip

33694

Country

usa

Zip

33694

Country

usa

4. Date Incorporated or Qualified

To Do Business in Florida 12/16/2002

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

Timothy Dean

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

12663 evington point r

Suite, Apt. #, Etc.

City

riverview

State

FL

Zip Code

33579

☒ 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

Timothy Dean

REGISTERED AGENT MUST SIGN

Date 11/13/08

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	Greg Mills	5601 Lakeside Dr	Lutz, FL 33558
VP	David Hubbell	5320 Winhawk Way	Lutz, FL 33558
Sec	Kim Roberts	13311 Krameria Way	Tampa, FL 33626
Treas	Timothy Dean	12663 evington point dr	riverview fl 33579

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:

Timothy Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/08

Daytime Phone #

813-748-1587

11/18