

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 23 AM 8:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **716465**

1. Corporation Name

Bloomington Little League, Inc.

Principal Place of Business

Mailing Address

P.O. Box 9
 Brandon, FL 33589-0009

P.O. Box 9
 Brandon, FL 33589-0009

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2653049

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	ALLAN M. TROVILLION 2509 MASON OAKS DRIVE VALRICO, FL 33594	2509 MASON OAKS DRIVE	VALRICO, FL 33594
VD	Randy Sinclair	2711 Cedarcrest Place	VALRICO, FL 33594
VD	Janet Bausman	407 Apache Trail	Brandon, FL 33511

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REINSTATEMENT 07/14/98 3/14/98

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

(Blank area with diagonal line)

Name: **ALLAN M. TROVILLION**
 Street Address (P.O. Box Number is Not Acceptable): **2509 MASON OAKS DRIVE**
 Suite, Apt. #, Etc.: **#**
 City: **VALRICO** State: **FL** Zip Code: **33594**

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: **Allan M. Trovillion** Date: **3/14/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: **Allan M. Trovillion** Date: **3/14/98** (813) 684-1273
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)