PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS					FILED		
DOCUMENT #7171098					97 JAN 16 PM 1:02		
1 Corporation Name							
North Miami National Little League, Inc.					SECRETAINT OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address							
1400 N.W. 135 Street							
No:	O. Box 681496 rth Miami, FL 33168			R	EINST	ATEMENT	2497
If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable					DO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt. #	♥. elc	Suite, Apt. #, etc.			To Do Business in Florida December 9, 1969 5. FEI Number Applied For		
City & State	3	City & State			5. FEI Number Applied For Not Applicable		
Zip	Country	Zıp	Countr	у	6. CERTIFICATE		5 Additional Fee required ir a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	·····		st 3 directors)		
Name of Officers and/or Directors 1 2 3			Of	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / Sta	ite / Zip
res. & Joe Favors Direc			1441 N.W. 202 Street			Miami, FL 331	69
V.P. & Direc	Thomas Brown	17230 N.W. 20 Avenue			Miami, FL 330	56	
Secre Direc	Christine Ade	150 N.W. 128 Street				Miami, FL 331	67
						MINORI	
Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
Name							
Joe Favors Street Address (P. 1441 N.W. 202 Street						, ,	
Miami, FL 33169 Suite, Apt. #, Etc.					900002065 4 290		
City						****42[519]	²⁶ ****420.00
10. I, being Signature of Registered	lias I tall	OW	oration, am familiar w GENT MUST SIGN	ith and accept the ob	ligations of Secti	ion 607.0505, F.S. Date Aan . 19	, 1997
11. Do De	pes this corporation pay a pept. of Revenue under S.	iny intanç 199.032,	gible tax to the Florida Stat	ne utes. Yes [No E	(See other side	e for information gible tax.)
12 do her	reby certify that the information supplied w	ith this filing is	voluntarily Jurnished	and does not qualify	for the exemptio	on stated in Section 119.07(3)(k), Florida Statutes, I re-

lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, Fs., and that all fees owed by the corporation have been paid. 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:

AND TO THE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

696-6061 Daytime Phone #