

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

02 JAN 29 PM 1:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 720814

1. Corporation Name

ARLINGTON LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

6350 FT CAROLINE RD
 PO BOX 8223
 JACKSONVILLE FL 32239

6350 FT CAROLINE RD
 PO BOX 8223
 JACKSONVILLE FL 32239



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

04/27/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6611088

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FLEMINA, KEVIN William E. Doyle	1845 ALHURST ST 13465 Princess Kelly DR.	JACKSONVILLE FL 32277 32215
VD	DOYLE, WILLIAM Doug Buscher	13465 ARINNESS KELLY DR 7406 MAPLE TREE DR.	JACKSONVILLE FL 32225 32217
SD	RYDER, TERRI Laura Oglin	4312 FERN CREEK DR 6101 RAINFACE RD.	JACKSONVILLE FL 32277 32279
TD	BOULIER, LYNN GREG SOTILE	11135 LANDS END LN 3342 CESKY BLVD.	JACKSONVILLE FL 32277
D	McCUTCHEON, GENE, II	2540 CORGRANEE DR. W.	JACKSONVILLE, FL 32211

200004881762--9

-02/05/02--01093--011

***306.25 ***306.25

8. Name and Address of Agent

9. Name and Address of New Registered Agent

~~LITTLE LEAGUE BASEBALL
 LITTLE LEAGUE DR.
 ST. PETERSBURG FL~~

Name

William E. Doyle, ESQUIRE

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

2002 Southside Blvd.

Suite, Apt. #, Etc.

SUITE 201

City

JACKSONVILLE

State

FL

Zip Code

32216

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

William E. Doyle
 REGISTERED AGENT MUST SIGN

Date

1/31/02

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:

William E. Doyle - President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 (904) 720-0196

CR2E040 (8/01)