

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 14 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734385

1. Corporation Name

Polk City Little League, Inc.

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

Duey Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 177

Suite, Apt. #, etc.

City & State

Polk City, Florida

Zip

33868

Country

USA

City & State

Polk City, Florida

Zip

33868

Country

USA

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

5. FEI Number

39-1838759

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

Melissa Gunderson

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

9105 Samaritan Ave.

Suite, Apt. #, Etc.

City

Polk City, Fl.

State

FL

Zip Code

33868

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

Melissa Gunderson

REGISTERED AGENT MUST SIGN

Date 4-7-08

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
P	Helen Brown	9410 Evans Rd.	Polk City, Fl. 33868
VP-	Wayne Blakemore	370 Bayberry Dr.	Polk City, FL 33868
S	Donna Schaffer	9125 Evans Pass Rd.	Polk City, Fl. 33868
T	Melissa Gunderson	9105 Samaritan Ave.	Polk City, FL 33868

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:

Melissa Gunderson

Melissa Gunderson

4/7/08

(863) 984-3192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800123261228
04/14/08--01045--014 **367.50

REINSTATEMENT 02-08