

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734386

1. Corporation Name

Goldenrod Little League, Inc.

Principal Place of Business

2000 N. Forsyth Rd.
ORLANDO FL 32807

Mailing Address

P.O. Box 1133
Goldenrod FL 32733

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99

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.		11/19/75	
City & State		City & State		5. FEI Number	
Zip		Country		59-1641731	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	RONNIE W. LAMKIN	8532 Weeping Willow Way	ORLANDO FL 32817
V.P.	JIM HARRIS	3800 Rouse Rd.	ORLANDO FL 32817
Secretary	ROBIN SHIELDS	7524 Azurebrook Ct.	WINTER PARK FL 32792
Treas.	STEVE BARNETT	8541 SIDON STREET	ORLANDO FL 32817
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8. Name and Address of Current Registered Agent

CHARLES T. BROWN
4302 N. LANDMARK DR.
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name RONNIE W. LAMKIN
Street Address (P.O. Box Number is Not Acceptable)
8532 Weeping Willow Way
Suite, Apt. #, Etc.
City ORLANDO
State FL Zip Code 32817

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

RONNIE W. LAMKIN
REGISTERED AGENT MUST SIGN

Date 6/3/99

11. This corporation owes 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 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:

RONNIE W. LAMKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/99
Date

(407) 679-7452
Daytime Phone #