PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 AM 8:01

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DOCUMENT # 734486

1. Corporation Name
GLADES COUNTY LITTLE LEAGUE, INC.

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc.	P.O. BOX 134
	Suite, Apt. #, etc.
City & State: MOORE HAVEN, FL	City & State: MOORE HAVEN, FL
Zip: 33471 Country: USA	Zip: 33471 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-292-1895 ☐ 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: CHAD THOMAS

Street Address (P.O. Box Number is Not Acceptable): 1100 FOX LANE - P.O. BOX 134

Suite, Apt. #, Etc.:

City: MOORE HAVEN, State: FL Zip Code: 33471

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: _____ Date: 9/18/02
REGISTERED AGENT MUST SIGN

CR2E061 (6-01)

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
PD	CHAD THOMAS	1100 FOX LANE P.O. BOX 1343	MOORE HAVEN, FL 33471
VPD	JAKE EIGHNER	1100 FOX LANE P.O. BOX 1343	MOORE HAVEN, FL 33471
SD	RHONDA THOMAS	1100 FOX LANE P.O. BOX 1343	MOORE HAVEN, FL 33471
T	KAREN SIMMONS	1100 FOX LANE P.O. BOX 134	MOORE HAVEN, FL 33471

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 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: _____ CHAD THOMAS 9/18/02 863-946-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/7/02

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GCYAA

GLADES COUNTY YOUTH ATHELETIC ASSOCIATION
P. O. BOX 134
MOORE HAVEN, FL 33471
863-946-0003

September 17, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Form

DEAR SIR OR MADAM:

We are submitting the attached Corporation Reinstatement form because we did not receive the Rejection Letter or any other correspondences from you due to an incorrect address. Please waive the fee for reinstatement if it is at all possible. We thank you for your consideration in this matter.

Sincerely,

Chad Thomas

President/Director