

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -3 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 734560**

1. Corporation Name

SKYWAY PARK LITTLE LEAGUE, INC.

REINSTATEMENT 03

2. Principal Office Address 4840 Independence Pwy		3. Mailing Office Address PO BOX 260398	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33634	Country USA	Zip 33685-0398	Country USA

4. Date Incorporated or Qualified To Be Business in Florida 12/10/75	
5. FEI Number 52-1225447	Applied For Net Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent		
Name Ruth Chism		
Street Address (P.O. Box Number is Not Acceptable) 10218 Wilcox CT		800023544808 10/03/03--01058--004 ***6.25
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33615

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 Ruth Chism Date 9/30/03

REGISTERED AGENT MUST SIGN

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	Bobby Anderson ,D	7505 Mayfair Ct	Tampa, FL 33615
V	Ruth Chism,D	10218 Wilcox CT	Tampa, FL 33615
T	Andy Petterson, T	3939 Doral Dr	Tampa, FL 33634
S	Kristine Ellis,T	17807 C Jamestown Way	Lutz, FL 33558
M	Chris Chism,T	10218 Wilcox Ct	Tampa, FL 33615

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: Ruth Chism Ruth Chism Date 9/30/03 Daytime Phone # 813-249-7389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

7/10/7

Skyway Park Little League, Inc.  
P.O. Box 260398  
Tampa, FL. 33685-0398  
September 30, 2003

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

Dear Department of State:  
Subject: Reinstatement

I did not receive the forms for 2003 Reports, here is our reinstatement applications. And I would like to request that the reinstatement fees be waived. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ruth Chism', written over a horizontal line.

Ruth Chism