
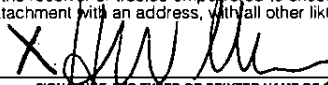


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739127 1. Entity Name LUTZ LITTLE LEAGUE, INC.						FILED 05 NOV 29 AM 9:20 SEC. OF TREASURY	
Principal Place of Business FERN RD & CROOKED LN CORNER OF LUTZ LK 770 LUTZ LK FERN RD LUTZ, FL 33549 US				Mailing Address FERN RD & CROOKED LN CORNER OF LUTZ LK P.O. BOX 63 LUTZ, FL 33549			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WEDDING, HARRY W 17406 ESTES RD. LUTZ, FL 33548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GAY, JEFF 17721 SUNRISE DR. LUTZ, FL 33549 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPB CHMIELEWICKI, DAVID 1305 COUNTRY ELM COURT LUTZ, FL 33548 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Samuel Jones 1426 Williams Rd. Lutz, FL 33558 <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PA FAIN, JAMIE 16111 HANNA RD LUTZ, FL 33549 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800061744058 11/29/05--01012--010 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES WEDDING, HARRY 17406 ESTES RD. LUTZ, FL 33548 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-JR ROBINSON, DUANE 16811 WINSOR PARK DR. LUTZ, FL 33549 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-DR CAGNAIA, RON 18318 DOLLYBROOKE LN. LUTZ, FL 33549 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 11-20-05 Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							