PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741808**

1. Corporation Name

MOUNT DORA LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
UNSER & LINCOLN AVE. MT. DORA FL 32757	P.O. BOX 1412 MOUNT DORA FL 32757

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/24/1978

5. FEI Number: 59-2531850 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PD~~ PD	~~GORENFLO, DARYL~~ William F. Schmidt 2160 Park Forest Blvd. Mt. Dora	~~2110 DOGWOOD CIR~~ , Fl. 32757	~~MT. DORA FL~~
VPD	DIEPANISIS, GRIMM	529 E 7TH ST	MT DORA FL
~~T~~	~~EURE, JENNIFER~~	~~32200 WEKING PINES BLVD~~	~~SORRENTE FL~~
~~S~~	~~WILLIAMS, PAM~~	~~25515 CRESTON AVE~~	~~MT PLYMOUTH FL~~ 12-22-97
~~T~~	~~WILLIAMS, PAM~~	~~25515 CRESTON AVE.~~	~~MT. PLYMOUTH FL 32776~~
T	FRAN Meli	2013 SUZANNE Dr.	Mt. Dora, Fl.

8. Name and Address of Current Registered Agent

~~GORENFLO, DARYL~~
~~2110 DOGWOOD CIR~~
~~MOUNT DORA FL 32757~~

12/23/97 01176-017 ****236.25 ****236.25

9. Name and Address of New Registered Agent

Name: William F. Schmidt
Street Address (P.O. Box Number is Not Acceptable): 2160 Park Forest Blvd.
Suite, Apt. #, Etc.:
City: Mt. Dora | State: FL | Zip Code: 32757

CR2E040 (8/97)

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: W.F. Schmidt Date: 11-1-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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: W.F. Schmidt 11-1-97 (352) 735-1611

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