

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Therese Harris  
Secretary of State  
DIVISION OF CORPORATIONS

192

FILED

02 JAN -3 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 741808

1. Corporation Name

MOUNT DORA LITTLE LEAGUE, INC.

Principal Place of Business

UNSER & LINCOLN AVE.  
MT. DORA FL 32757

Mailing Address

P.O. BOX 1412  
MOUNT DORA FL 32757



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SHEPPARD, MIKE Scott, Jerome	1735 CHERRY LN 1250 Grant Ave	MOUNT DORA FL 32757
VPD	DIEPANISIS, GRIMM Schmidt, William	529 E 7TH ST 2160 Park Forest Blvd	MOUNT DORA FL
DT	MELL, ERAN Leiffer, Mary	2019 SUZANNE DR 3270 Windy Oak St	MOUNT DORA FL SORRENTO FL
			300004785243-6 -01/22/02--01003--004 *****61.25 *****61.25 LS

8. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM F  
2160 PARK FOREST BLVD.  
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

10/23/01

REGISTERED AGENT MUST SIGN

11. 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:

Jerome Scott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-01

Daytime Phone #

352

735-3582

CR2040 (8/01)



## MOUNT DORA LITTLE LEAGUE



P.O. Box 1412 Mt. Dora. FL 32757-0142 (352)735-4002

December 21, 2001

Florida Department of State

Dear Sir or Madam,

I am writing this letter on behalf on the Mount Dora Little League. Our FEI certificate number is 59-2531850. We have a new board of directors that took over in late August of 2001. It has been brought to our attention that our application for reinstatement was not handled appropriately or in a timely manner. We are in the process of sifting through what little information we have to get our paperwork together. We would appreciate any assistance or guidance that you may have to offer us in how to rectify our standing with you.

Thank you,

Dana Genesi  
Secretary