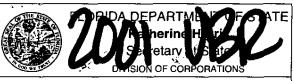
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT





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

FILED

02 JAN - 3 PM 1: 30

SLUHETARY OF STATE TAELAHASSEE, FLORIDA



If above a	iddresses are incorrect in	sany way line tha	ough incorrect à	aformation ar	nd enter co	prection balow					
2. New Pri	ncipal Office Address, If	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/24/1978						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. FEI Numb		Applied For	-	
City & State			City & State				KO-2521950		Not Applicable	a	
Zip	Zip			Zip Counti			CERTIFICA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of States Section Certificate of States			
7. Names	and Street Addresses of	Each Officer and/	or Director (Flo	rida nonprofi	t corporati	ons must list at lea	ast 3 directors)			╕	
Title(s)	Name of Officers and/or Directors			Stre 3 Office				City / State / Zip		$\left]$	
PD	SHEPPARD, MIKE Scotl, Jerome			1735-CHERRY LN- 1250 Gran			+ AVC	MOUNT DORA FL 32757			
VPD	DIEPANISIS, GRIMM Schnidt, William			529 E 7TH ST 2160 Park Fore			rest Blud	MOUNT DORA FL			
DT	DT MELLERAN Leiffer, Mary			2019-SUZANNE-DA: 32701 Wind			nd y Oak St	MOUNT DORATL SORRENTO	FC		
								30090478	57633 ₀₄ 6	•	
			-			٠.	1, 6	******B1.2	25 *****61.25 LS		
- 11			·			· · · · · · · · · · · · · · · · · · ·	· 				
8. Name and Address of Current Registered Agent								Address of New Registere	Address of New Registered Agent		
	,					Name				1	
SCHMIDT, WILLIAM F 2160 PARK FOREST BLVD. MOUNT DORA FL 32757				Street Address Suite, Apt. #, Et		Street Address (F	(P.O. Box Number is Not Acceptable)			\exists	
				City				St	ate Zip Code	-	
10. 1, being	appointed the registered	d agent of the abo	ve named corpo	oration, am fa	amiliar with	and accept the o	bligations of Sec	etion 607.0505, F.S.			
Signature o Registered	Agent W.F.	Schwidt	GISTERED AG		ZNAA MARKA SIGN			Date 10 23	01	-	
							·- -			- }	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-d

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MOUNT DORA LITTLE LEAGUE

P.O. Box 1412 Mt. Dora. FL 32757 (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