PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUN 19 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743297

1. Corporation Name
Coral Springs American Little League, Inc

2. Principal Office Address	**3.** Mailing Office Address
10000 NW 29th Street	10000 NW 29th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
P.O. Box 8803	PO Box 8803
City & State	City & State
Coral Springs, FL	Coral Springs, FL
Zip / Country	Zip / Country
33065 / Broward	33065 / Broward

4. Date Incorporated or Qualified To Do Business in Florida 6/16/1978

5. FEI Number 16-0070026 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Teresa Polistina

200004451682--9
-06/23/01--01050-012
****367.50 ****67.50

Street Address (P.O. Box Number is Not Acceptable): 12101 NW 2nd Drive

Suite, Apt. #, Etc.:

City: Coral Springs | State: FL | Zip Code: 33071

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: Teresa Polistina (President) Date: 5/9/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
D	Teresa Polistina	12101 NW 2nd Drive	Coral Springs, FL 33071
D	Rick Halkuff	1142 NW 116th Avenue	Coral Springs, FL 33071
D	Michele McMahon	2870 NW 107th Avenue	Coral Springs, FL 33065
D	Judy Terboss	2330 NW 100 Avenue	Coral Springs, FL 33065
		REINSTATEMENT	99-01 LTR

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: Teresa Polistina President 5/9/01 (954) 752-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #