PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 28 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162755555
12/28/09--01034--015 **175.00

DOCUMENT # 743297

1. Corporation Name

Coral Springs American Little League, Inc.

W09 — 50290

REINSTATEMENT CR2E081 (10/09) 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. Date Incorporated or Qualified To Do Business in Florida
10000 NW 29th Street	PO Box 8803	6/16/1978
Suite, Apt. #, etc.: 4	Suite, Apt. #, etc.:	
City & State: Corals Springs, FL	City & State: Coral Springs, FL	5. FEI Number: 23-1688231-3158 ☐ Applied For ☐ Not Applicable
Zip: 33065 Country: USA	Zip: 33075 Country: USA	6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 additional fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Don Rambus

Street Address (P.O. Box Number is Not Acceptable): 2501 Coral Springs Drive

Suite, Apt. #, Etc.:

City: Coral Springs | State: FL | Zip Code: 33065

☑ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent _____ Date 4 NOV 9

REGISTERED AGENT MUST SIGN

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
P	Don Rambus	2501 Coral Springs Dr	Coral Springs, FL 33065
VP	David Smith	2513 NW 82ND TERRACE NORTH	Coral Springs, FL 33065
SO	Gail Sucher	2544 NW 95th Ct	Coral Springs, FL 33065
T	Maritza Duran	2830 NW 95th Ave	Coral Springs, FL 33065
	REINSTATEMENT RH		

10. E-mail Address: info@csall.com

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12/28/09--01034--024 **8.75

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: Don Rambus — Don Rambus — 4 NOV 9 — 954-865-0350

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