PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750136

1. Corporation Name
Buckingham Little League, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9800 Buckingham Rd	PO Box 5143
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT Myers FL	City & State: FT Myers FL
Zip: 33966 Country: USA	Zip: 33994 Country: USA

REINSTATEMENT CR2E081 (12/07) 166768

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2018950 ☐ 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: William A. Greider

Street Address (P.O. Box Number is Not Acceptable): 12050 Rosemont Dr.

Suite, Apt. #, Etc.:

City: FT Myers State: FL Zip Code: 33913

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received 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 617.0503, F.S.

Signature of Registered Agent: William A. Greider — REGISTERED AGENT MUST SIGN — Date: 2/18/08

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
President	Jennifer Varndoe	6351 Green Brier Cd	FT Myers FL 33906
Vice President / Secretary	Anne Yochum	6201 Buckingham Rd	FT Myers FL 33905
Vice President / Treasurer	Adryan Patterson	123 Blue Star CT	FT Myers FL 33913
Treasurer	William A. Greider	12050 Rosemont Dr	FT Myers FL 33913
		900118752509 02/25/08--01053--009 **358.75	

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 contained in Chapter 119, 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] 2/16/08 239 267 1800

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