

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 3:01

RECEIVED AT THE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-08

CR2E081 (10/08)

10/27/08 01046 012 \$306.25

DOCUMENT # 756674

1. Corporation Name

Rolling Hills Little League, INC.

~~1008-49567~~

2. Principal Office Address - No P.O. Box #

4950 N. Pine Hills Rd

3. Mailing Office Address

P.O. Box 680127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32808

Country

U.S.A

Zip

32868

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

Nancy Austing

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

3772 Rambling Rose Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

Nancy Austing

REGISTERED AGENT MUST SIGN

Date 11/19/08

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
Pres	Chris Hall	1898 Papaya Park Drive	Ocoee, Florida 34761
V.P.	Butch Parson	P.O. Box 585296	Orlando, Florida 32858
Tre.	Nancy Austing	3772 Rambling Rose Ct	Orlando, Florida 32808

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:

Nancy Austing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/08 (407) 353-7734
Daytime Phone #