


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756920

1. Corporation Name
CALLAHAN LITTLE LEAGUE BASEBALL ASSOCIATION, INC.

2. Principal Office Address P.O. BOX 889		3. Mailing Office Address P.O. BOX 889	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CALLAHAN, FL		City & State CALLAHAN, FL	
Zip 32011	Country USA	Zip 32011	Country USA

FILED

05 MAR 17 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-21-03 90244 022 # 236.25

REINSTATEMENT 02-05

4. Date incorporated or Qualified To Do Business in Florida 3/24/81

5. FEI Number 59-5939596	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
CHRISTY GREEN

Street Address (P.O. Box Number Is Not Acceptable)
35045 GRETCHENS WAY

Suite, Apt. #, Etc.

City
CALLAHAN

State
FL

Zip Code
32011

688849187596
03/25/05--01003--022 **192.50

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 Christy Green REGISTERED AGENT MUST SIGN

Date 3/15/05

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/D	CHRISTY GREEN	35045 GRETCHENS WAY	CALLAHAN, FL 32011
V/D	WILLIAM CANTRELL	55077 OLIFF RD	CALLAHAN, FL 32011
S/D	TARINA DELANO	44002 FLYNN RD	CALLAHAN, FL 32011
T/D	BONITA PERRET	43075 SAND PINE AVENUE	CALLAHAN, FL 32011
D	RENEE WHALEY	35110 GRETCHENS WAY	CALLAHAN, FL 32011
D	KEITH WHALEY	35110 GRETCHENS WAY	CALLAHAN, FL 32011

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: Christy Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/15/05 Daytime Phone # 904-338-1428

CR2E081 (01/05)