

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 JAN 28 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 757752

1. Corporation Name

CORAL SPRINGS NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

8393 NW 5th Street  
Coral Springs, FL 33071

8393 NW 5th Street  
Coral Springs, FL 33071

**REINSTATEMENT**

W  
95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida 4/27/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2196306

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres/D	Susan Conklin	8393 NW 5th Street	Coral Springs, FL 33071
V. Pres	Joseph Russo	5570-A Lakewood Circle	Margate, FL 33063
Treas/D	Thomas Lenz	8593 NW 20th Court	Coral Springs, FL 33071
Sec'y/D	Leslie Moat	1071 NW 84th Drive	Coral Springs, FL 33071
			300002072083--2
			-01/29/97--01032--012
			****358.75 ****358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name <b>Susan Conklin</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>8393 NW 5th Street</b>	
		Suite, Apt. #, Etc.	
		City <b>Coral Springs</b>	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Susan Conklin*

REGISTERED AGENT MUST SIGN **Susan Conklin**

Date

12/31/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Susan Conklin, Pres (954) 752-8393**

Date

Daytime Phone #

CR2E040 (12/95)