PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV 17 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757768

1. Corporation Name

THE PINE HILLS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 580131 7300 LAURELL HILL RD ORLANDO FL 32818 US	P.O. BOX 580131 ORLANDO FL 32858 US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/1981

5. FEI Number: 59-1009699 ☐ Applied For ☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PRINGLE, VALERIE A RAY GRAPHMAN	455 S. HART BLVD. 1911 BEECHER ST	ORLANDO FL
TD	BANKS, TIM KENT HARAGON	8125 OLD GROE DRIE 11855 CLAIR PL	ORLANDO FL CLERMONT FL
SD	MIYA BARNES SANDY JONES	5625 CORTEZ DR. 131 LAKE DR	ORLANDO FL
VPD	FERBER, VICKI TOM RAVENSCROFT	6010 W. ROBINSON STREET 8232 VILLAGE GREEN RD	ORLANDO FL

400002315229A---5
-11/19/97--01035--015
****236.25 ****236.25
11/18

8. Name and Address of Current Registered Agent

PRINGLE, VALERIE
455 S. HART BLVD.
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name: KENT E HARAGON
Street Address (P.O. Box Number is Not Acceptable): 11855 CLAIR PL
Suite, Apt. #, Etc.:
City: CLERMONT | State: FL | Zip Code: 34711

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: Kent E Haragon — REGISTERED AGENT MUST SIGN — Date: 11-13-1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on Intangible tax.)

12. 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: Kent E Haragon — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-13-1997 Date — (407) 352 7275 Daytime Phone #

CR2E040 (8/97)