

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN 25 AM 11:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **765579**

1. Corporation Name

ANTIOCH LITTLE LEAGUE, INC.

Principal Place of Business

8510 FRANKLIN RD
 PLANT CITY FL 33566
 US

Mailing Address

8301 W FRANKLIN
 PLANT CITY FL 33565
 US



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

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

10/27/1982

5. FEI Number

52-1349813

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LINDSAY JOHN Dina, Mickey	8301 W FRANKLIN RD 10606 Bay Hills circle	PLANT CITY FL Thonotosassa, FL 33592
VD	LATHAM JON Richardson, Billy	4280 CASTLEWOOD RD 5706 Miley Rd	SEFFNER FL Plant City, FL 33565
TD	KRISTEN NASH Bednar, Joan	2921 BRYTON RD 6302 Dormary Rd. West	PLANT CITY FL 33565
D	RICHARDSON, BILLY Proctor, Susan	5706 MILEY RD 7105 Kinard Rd	PLANT CITY FL 33565

8. Name and Address of Current Registered Agent

LINDSAY, JOHN
 8301 W FRANKLIN RD
 PLANT CITY FL 33565

9. Name and Address of New Registered Agent

Name Dina, Mickey
 Street Address (P.O. Box Number is Not Acceptable)
10606 Bay Hills circle
 Suite, Apt. #, Etc.
 City Thonotosassa State FL Zip Code 33592

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

Mickey Dina
 REGISTERED AGENT MUST SIGN

Date

1/19/00

11. 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:

Joan Bednar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-00
 Date

813-9860314
 Daytime Phone #

CR2E040 (8/99)