PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT					Secretary	TMENT OF STATE y of State ORPORATIONS	; ;	FILED 09 DEC 28 AM 9: 28	
DOCUMENT # N0000000721 1. Corporation Name POINCIANA LITTLE LEAGUE INC							30 12/28	SECRETARY OF STATE FALLAHASSEE, FLORIDA DO 163977283 70901034016 **122.50	
					office Address pian Way etc.		4. Date Incom	NSTATEMENT CR2E081 (11/09)	
Zip Country				City & State Kissimn Zip		Country	5. FEI Number 59350445	Not Applicable	
34758	34758 USA 34758 7. Name and Address of Current Regis					USA	CERTIFICATE	RTIFICATE OF STATUS DESIRED for a Certificate of Status	
Name Greg Myers Street Address (P.O. Box Number is Not Acceptable) 100 Appian Way Suite, Apt. #, Etc. City Kissimmee					circum the pri are ce receiv		circum the pri are ce receive	instatement fee is imposed, except in stances which the entity did not receive or notices. By checking this box, you ertifying the prior notices were not ed and requesting the reinstatement waived.	
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 REGISTERED AGENT MUST SIGN									
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	
Р	Greg Myers				100 Appian Way			Kissimmee, FL 34758	
٧	Harry Cruz				238 BECKENHAM DR		M DR	Kissimmee, FL 34758	
T	Rachel Cruz				238 Beckenham Dr		Dr	Kissimmee, FL 34758	
S	Zenieda Nazario				4001 Rhododendron Ave		dron Ave	HISSIMMERITE 3 4758	
Ď	Eric Olavarria				104 Barrington Dr			Kissimmee, FL 34758	
D	Brian Riley				610 Elbridge Dr			Kissimmee, FL 34758	
10. E-mail Address; Balloonjr@aol.com (To be used for future annual report notification)									
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 I further certify, 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: SIGNATURE: Daytime Phone #									