PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 OCT -4 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N00000001091

1. Corporation Name
WOODVILLE LITTLE LEAGUE, INC

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1492 J Lewis Hall Sr Ln | PO BOX 310 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee FL | City & State: woodville FL |
| Zip: 32305 Country: USA | Zip: 32362 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: APRIL R JOHNSON

Street Address (P.O. Box Number is Not Acceptable): 753 HIDDEN ACRES RD

Suite, Apt. #, Etc.

City: MONTICELLO State: FL Zip Code: 32344

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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: April R Johnson Date: 10-4-2018
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 |
|---|---|---|---|
| Pres. | Christina Henderson | PO Box 310 | woodville FL 32362 |
| V.Pres | Carlton Allen | PO Box 310 | Woodville FL 32362 |
| Tres. | April Johnson | PO Box 310 | Woodville FL 32362 |
| CO Tres. | Margaret Johnson | PO Box 310 | Woodville FL 32362 |
| D Sec. | Christina Henderson | PO Box 310 | Woodville FL 32362 |
| DVP | ANN JOHNSON | PO Box 310 | Woodville FL 32362 |
| D Safety/D | Carlton Allen | PO Box 310 | Woodville FL 32362 |

10. E-mail Address: AWACISSA@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 the corporation named in 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. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

OCT 04 2018

SIGNATURE: April R Johnson Date: 10-4-2018 Daytime Phone #: 850459-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C CARROTH