

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 25 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400121256274  
03/25/08--01055--016 \*\*245.00

CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000001488

1. Corporation Name

COTTONDALE DIXIE YOUTH BASEBALL, INC.

2. Principal Office Address - No P.O. Box #

PO BOX 634

Suite, Apt. #, etc.

City & State

COTTONDALE, FL

Zip

32431

Country

JACKSON

3. Mailing Office Address

PO BOX 634

Suite, Apt. #, etc.

City & State

COTTONDALE, FL

Zip

32431

Country

JACKSON

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3585997

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

WILLIAM (BILLY) LATHAN

Street Address (P.O. Box Number is Not Acceptable)

2612 ROWELL ROAD

Suite, Apt. #, Etc.

City

COTTONDALE

State

FL

Zip Code

32431

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be 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

*William (Billy) Lathan*

Date 3/19/08

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
DP	WILLIAM (BILLY) LATHAN	2612 ROWELL ROAD	COTTONDALE, FL 32431
DVP	JEFF BALL	3347 PEANUT ROAD	COTTONDALE, FL 32431
DST	KISHA MCGINTY	1795 DOGWOOD PLACE	ALFORD, FL 32420
DTR	DANIELE PIPPIN	1720 ARIZONA STREET	ALFORD, FL 32420

REINSTATEMENT  
05-08

10. 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 contained in Chapter 119, 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:

*Kisha McGinty*

KISHA MCGINTY, DST

3/19/08

850-573-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #