PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 30 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000179467320
04/30/10-01057-009 **$245.00

CR2E091 (4/10)

DOCUMENT # N01000001395

1. Corporation Name
Land o'Lakes Youth Basketball League, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4052 Marlow Loop	P.O. Box 3216
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land o'Lakes, FL	City & State: Land o'Lakes, FL
Zip: 34639 Country: USA	Zip: 34639 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/01

5. FEI Number: 59-3698153 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARK DICKENS, CPA
Street Address (P.O. Box Number is Not Acceptable): 7320 E. Fletcher Ave.
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33637

PROFIT CORPORATIONS ONLY
☐ The $600.00 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: Mark D. Dickens Date: 4/27/10
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
D/P	Steven Thompalos	19621 Sunset Bay Dr	Land o'Lakes, FL 34638
D/VP	Patrick Potts	4052 marlow Loop	Land O'Lakes, FL 34639
D/S	Stephanie Cannon	22955 Braunwood Ct	Land o'Lakes, FL 34639
	REINSTATEMENT RH		

10. E-mail Address: gatorpop77@verizon.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver 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: 4/27/10
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #