

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 172

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000006596**

1. Corporation Name

Little League District 12 of Florida, Inc

2. Principal Office Address

1620 CURLEW ROAD

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34683

Country

PINELLAS

3. Mailing Office Address

1620 CURLEW ROAD

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34683

Country

PINELLAS

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/17/01

5. FEI Number

PERNOLB

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **6075 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ROBERT GIBSON

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

1620 CURLEW ROAD

Suite, Apt. #, Etc.

City

PALM HARBOR

400038138274

06/21/04--01077--011 **306.25

400038138274

09/02/04--01053--015 **61.25

State
FL

Zip Code

34683

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

Robert Gibson

REGISTERED AGENT MUST SIGN

Date

3 June 2004

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	ROBERT GIBSON	1620 CURLEW ROAD	PALM HARBOR, FL 34683
D	BUDDY SEXTON	SAME	
D	STEVEN GORTSCHO	SAME	
D	LAWRENCE H. LIEBLING	SAME	

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 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gibson

Date

Daytime Phone #

3 June 2004 707-480 9235

CR2E081 (10/02)

95 292

LITTLE LEAGUE BASEBALL., INC
1620 Curlew Road
Dunedin, Florida 34698
727 480-9235

August 9, 2004

Ms. Tina Roberts
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

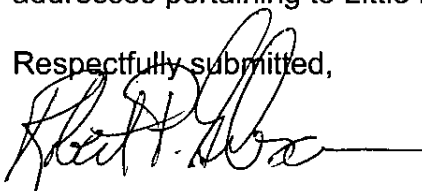
Dear Ms. Roberts,

Please find attached the amount of \$ 61.25 which represents the shortage in corporation fees that I originally sent.

Thank you so much for your phone call this morning and please accept my apologies for sending the incorrect amount of money and the address problem.

Please consider this your authorization to amend and/or change any and all addresses pertaining to Little League Corporation to Dunedin, Florida 34698.

Respectfully submitted,



Robert P. Gibson.
District Administrator
Florida District 12
Little League Baseball., Inc.