

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 24 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2000008210

1. Corporation Name

Citrus County Basketball
League, Inc.

2. Principal Office Address

2001 W Belgrade Dr

Suite, Apt. #, etc.

City & State

Citrus Springs FL

Zip

34434

Country

Citrus

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2002

5. FEI Number

43-1979218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Michael Baize

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

2001 W Belgrade Dr

Suite, Apt. #, Etc.

City

Citrus Springs

State

FL

Zip Code

34434

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 ☒

Date

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
PD	Michael Baize	2001 W Belgrade Dr	Citrus Springs FL 34434
VD	Kurt McColley	4200 CARDINAL St	HOMOSASSA, FL 34446
TD	Diana Baize	2001 W Belgrade Dr	Citrus Springs FL 34434
VD	Rich Hilgent	355 N McGOWAN Ave.	Crystal River, FL 34427
D	Michelle McColley	4200 CARDINAL St.	HOMOSASSA, FL 34446
D	Joel Walker	555 W. JUSTIN Ct	HOMOSASSA, 34448

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mike Baize

Date

10/20/05

Daytime Phone #

(352)

465-3270