

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -8 AM 9:42

DOCUMENT # **N03600001675**

1. Corporation Name
Dixie County Little League, Inc.

600181831496
06/08/10--01027--004 **358.75

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box # Veterans Rd.		3. Mailing Office Address P.O. Box 2328	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cross City, FL		City & State Cross City, FL	
Zip 32628	Country USA	Zip 32628	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/03	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 59-3075776	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: **Cheryl Lord**

Street Address (P.O. Box Number is Not Acceptable):
580 SE 601 St.

Suite, Apt. #, Etc.

City: **Old Town** State: **FL** Zip Code: **32680**

6/9/10
08-10
REINSTATEMENT

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: **Cheryl Lord** Date: **6-7-10**
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
P	Gary Montgomery	P.O. Box 2328	Cross City, FL 32628
T	Cheryl Lord	580 SE 601 St.	Old Town, FL 32680
D	Jamie Storey	1195 NE 348 Ave.	Old Town, FL 32680
D	Jennifer Storey	1195 NE 348 Ave.	Old Town, FL 32680
D	Margaret Forehand	P.O. Box 2328	Cross City, FL 32628
D	Deb. Sellers	P.O. Box 2328	Cross City, FL 32628

10. E-mail Address: **CherylLord@wildblue.net**
(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 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: **Cheryl Lord** Date: **6-7-10** 352-356-0117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #