

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18278**

1. Corporation Name

East Bay Little League, INC.

2. Principal Office Address

13010 Bullfrog Creek Rd
Suite, Apt. #, etc.

City & State

Riverview, FL 33569

Zip

Country

33569 Hillsborough

3. Mailing Office Address

P.O. Box 2395
Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

Country

33569 Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/86

5. FEI Number

52-1242231

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

Debra K Carlisle

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

419 11th AVE. N.W.

Suite, Apt. #, Etc.

City

Ruskin

000023743790

10/13/03--01020--014 **358.75

000023743790

10/13/03--01020--015 **8.75

State

FL

Zip Code

33570

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

Debra K Carlisle

REGISTERED AGENT MUST SIGN

Date

10/7/03

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	Debra K Carlisle	419 11th AVE NW	Ruskin, FL 33570
VP	Ronald Rodriguez	13446 Beechberry Dr	Riverview, FL 33569
S	Susan Hird	13636 Laraway Dr.	Riverview, FL 33569
T	Debra Shumaker	11930 Lack Song Ln	Riverview, FL 33569
IN&Q	Sylvia Pazlar	10017 Linda St.	Gibsonton, FL 33534
P.A.	Frank Carlisle	419 11th AVE NW.	Ruskin FL 33570

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:

Debra K Carlisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/03 813641 3033
Date Daytime Phone #

CR2E081 (10/02)

2/10/13