

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC 20 AM 11:10	
DOCUMENT # N19416					
1. Corporation Name AUBURNDAL LITTLE LEAGUE BASEBALL, INC.					
Principal Place of Business HAMPTON STREET P.O. BOX 981 AUBURNDAL FL 33823		Mailing Address HAMPTON STREET P.O. BOX 981 AUBURNDAL FL 33823			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date of Incorporation or Qualification To Do Business in Florida 02/25/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2323360	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
VPD	GRIFIN, JERRY Perry Price	222 CARLA ANN CT PO Box 1401	AUBURNDAL FL 33823		
PD	DRUMMOND, STEVE Steve Nelson	103 CORY CT 450 Windsor	AUBURNDAL FL 33823 Winter Haven, FL 33823		
SD	ARNOLD, TAMMY	2406 AUTUMWOOD DR	AUBURNDAL FL 33823		
TD	LOVE, DICKY Kevin Kelley	2011 KIRKLAND DR 1204 Valencia Ln.	AUBURNDAL FL 33823		
			200003514832--7 -12/28/00--01004--014 ****236.25 ****236.25		
8. Name and Address of Current Registered Agent LOVE, DICKY Kevin Kelley 2011 KIRKLAND LK DR AUBURNDAL FL 33823			9. Name and Address of New Registered Agent Name Kevin Kelley Street Address (P.O. Box Number is Not Acceptable) 1204 Valencia Ln Suite, Apt. #, Etc. City Auburndale State FL Zip Code 33823		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>[Signature]</i> Date 11/7/00 REGISTERED AGENT MUST SIGN					
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 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: <i>[Signature]</i> Date 12/04/00 Daytime Phone #					