

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -4 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20728**

1. Corporation Name

Baypoint Little League Inc.

Principal Place of Business

Mailing Address

**1600 54th Av. So
St Pete, FLA
33712**

**5201 CENTRAL AVE.
St Pete, FLA 33705**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5201 CENTRAL AVE.

St Petersburg, FLA.

33710

VINELLAS

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

@ least 1997

5. FEI Number

Applied For

52-1251256

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Reginald Ligon (D)	5201 CENTRAL AVE.	St. Petersburg, FLA. 33710
V.P.	Bruce De Mayo (D)	2760 62nd Av. So	St Petersburg FL 33712
Sec.	Missy McCune	in transit	St Petersburg FL 33712
Tres.	Lisa Grove (D)	2275 68th Av. So	St Petersburg FL, 33712
			400003099514--2.
			-01/14/00--01088--015
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOT SURE SEVERAL CHANGES

Name

Reginald Ligon

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

5201 CENTRAL AVE.

Suite, Apt. #, Etc.

400003099514--2

City

St Petersburg

01/14/00--01088--016

*******8. FL *****215**

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

Reginald Ligon

REGISTERED AGENT MUST SIGN

Date **12/19/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Reginald Ligon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/99

Date

727-321-7880

Daytime Phone #

KE

CR2E081 (12/98)