

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 19 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/19/08--01040--001 **236.25

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24563**

1. Corporation Name

MIAMI SPRINGS AREA LITTLE LEAGUE, Inc

2. Principal Office Address - No P.O. Box #

81 Hough Dr

Suite, Apt. #, etc.

City & State

Miami Springs

Zip

33166

Country

Miami-Dade

3. Mailing Office Address

PO BOX 661315

Suite, Apt. #, etc.

City & State

Miami Springs

Zip

33166

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0103237

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

Timothy Cox

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

81 Hough Dr

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Timothy Cox

REGISTERED AGENT MUST SIGN

Date **3/15/08**

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
Pres	Timothy Cox	81 Hough Dr	Miami Springs FL 33166
VP	Jorge Santin	1249 Heron Dr	MIAMI SPRINGS ARA
Treas	Ernesto Aloma	258 Pinecrest Dr	Miami Springs FL 33166
Bd Dir	Jorge Figueira	191 Chippewa St	Miami Springs FL 33166
Bd Dir	Angel Torres	1201 Quail Av	Miami Springs FL 33166
Bd Dir	Terri Klucar	1045 Bluebird Dr	Miami Springs FL 33166

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 contained in Chapter 119, 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:

Timothy Cox

Timothy Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Date

305-794-6271

Daytime Phone #