## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FILED FOR Secretary of State DIVISION OF CORPORATIONS 02 NOV 25 AM 9: 43 N25074 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA FORT MYERS AMERICAN LITTLE LEAGUE, INC. Mailing Address Principal Place of Business 5700 HALIFAX AVE 12382 Honey suckle RI ONE FT MYERS FL 33912 FORT MYERS, FC P.O. BOX 6961 FT. MYERS FL 33911 11/25/02--01028--003 \*\*70.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 02/26/1988 Honeysu Suite, Apt. #, etc. 5. FEI Number Applied For 51-0192657 Not Applicable City & State 6. \$8.75 Additional Fee required Country Z A <sup>zz</sup>33912 CERTIFICATE OF STATUS DESIRED X 33912 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) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director and/or Directors FT. MYERS FL 33901 1755 LINHART AVE. OVERHOLSER, DON PD FORT MYERS FL 33912 5700 HALIFAX AVE SUITE 1 GRITTENDEN. ED **YPOD** 12382 Honeysuckle Troast Darrel UJMGER, JOHN FORT MYERS FL 33919 VPFO Clinger 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CRITTENCEN, ED Street Address (P.O. Box Number is Not Acceptable) 12382 Howeysuckle 5700 HALIFAX AVE. SUITE 1 FORT MYERS FL 33912 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. or 617.0505, F.S. Signature of Registered Agent 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

11/19 (239) 768-2111

**Date** 

Daytime Phone #

## FORT MYERS LITTLE LEAGUE DARRELL L. TROAST, TREASURER

12382 Honeysuckle Road Fort Myers, FL 33912 Phone (239) 274-3699

November 20, 2002

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I received notice of administrative dissolution or revocation this past month. This was the first notification that renewal was due. Since our business is Little League our officers change yearly. Please waive the \$175 reinstatement fee. Thank you.

Sincerely,

Darrell L. Troast