

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP -5 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39286

1. Corporation Name

Lake Helen Baseball Association, Inc.

2. Principal Office Address

679 Pleasant Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 193

Suite, Apt. #, etc.

City & State

Lake Helen, FL

City & State

Lake Helen, FL

Zip

32744

Country

USA

Zip

32744

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1990

5. FEI Number

593026152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

1993-2006

**7. Name and Address of Current Registered Agent**

Name

Colleen Kopka

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

810 Sandcrane Lane

Suite, Apt. #, Etc.

City

Lake Helen

State

FL

Zip Code

32744

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

Colleen Kopka

Date

8/17/06

REGISTERED AGENT MUST SIGN

**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
D	Bob Decker	265 Clough Ave	Lake Helen, FL 32744
D	Colleen Kopka	810 Sandcrane Lane	Lake Helen, FL 32744
D	Tanya Sigers	161 West New York Ave	Lake Helen, FL 32744

739/6/06

700079716447

09/12/06-01031-010 \*\*857.50

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:

Colleen Kopka, COLLEEN KOPKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/06

Date

386-  
532-7079

Daytime Phone #

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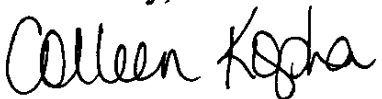
August 31, 2006

To Whom It May Concern:

This letter is in regards to the letter I received dated 8/22/06 from Barbara Mitchell, Document Specialist, Letter # 406A00051543. We are requesting a waiver of the reinstatement fee due to non receipt of the original/second notice annual report. This letter is stating non receipt and accompanying the completed Annual report/Reinstatement. We have not received the uniform business reports since the last one send in on 1993. As stated in the attached letter dated 8/17/06, we are a new board getting the association up and running again which has not been since 1993.

Thank you for your attention to this matter.

Sincerely,



Colleen Kopka  
Registered Agent/  
Lake Helen Baseball Association, Inc.