

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41761

1. Corporation Name

NORTHEAST LITTLE LEAGUE
OF TAMPA, INC.

2. Principal Office Address

8050 KINNAN ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33647

Country

USA

3. Mailing Office Address

P.O. BOX 46847

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33647

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/91

5. FEI Number

593015624

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

Bruce Koehler

600003818526-4

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

9411 ROCKROSE DR.

-03/08/01--01028--030

****122.50 ****122.50

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33647

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

Bruce Koehler

Date 2/8/01

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
Pres.	STEVEN GLAUTZ, D	18106 ROYAL FOREST DR TAMPA, FL 33647	TAMPA, FL 33647
VP	DAVID CAPEZZUTO, D	18140 SWEET JASMINE DR	TAMPA, FL 33647
Sec.	MONICA WOODEN, D	9108 WOODRIDGE RUN DR.	TAMPA, FL 33647
Trea.	Bruce Koehler, D	9411 ROCKROSE DR.	TAMPA, FL 33647

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 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:

Bruce Koehler

2/8/01

813-974-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

DO NOT REMOVE!

February 8, 2001

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

To Whom It May Concern:

The Northeast Little League has been a non-profit corporation in the State of Florida since January 1991. The parcel center where our mail had been delivered went out of business and our mail was not forwarded. As a result, we did not receive our annual billing statement. Since it was not our intent to have our corporation status classified as inactive or be dissolved, we respectfully ask that you waive the reinstatement fee of \$175.00.

Enclosed you will find a check for \$122.50. This represents our annual report fees for the year 2000 and 2001. I trust this will be sufficient to reclassify our corporation's status to active. Thank you in advance for your assistance.

Cordially,



Bruce Koehler
Treasurer, Northeast Little League