

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 18 PM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46288**

1. Corporation Name

Myers Park Little Major League Association, Inc.

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

921 Myers Park Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

P. O. Box 391

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

REINSTATEMENT

20-08

4. Date Incorporated or Qualified

To Do Business in Florida **12/04/1991**

5. FEI Number

593044481

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

J. Jeffry Wahlen

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

227 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

☐ 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

J. Jeffry Wahlen

REGISTERED AGENT MUST SIGN

Date **4.18.08**

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
P/D	Lynna Sands	913 Abbiegail Drive	Tallahassee, FL 32303
VP/D	Patti Elsbernd	2999 Compton Way	Tallahassee, FL 32309
T/D	J. Jeffry Wahlen	227 South Calhoun Street	Tallahassee, FL 32302
S/D	Gina Hartsfield	1171 Barineau Rd	Tallahassee, FL 32304

04/18/08 01010 003 **735.00

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:

J. Jeffry Wahlen T/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.08

Date

Daytime Phone #

4/18/08