

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000242

1. Corporation Name

GREENACRES LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

4TH ST AND PERRY AVE  
GREENACRES FL 33463  
US

Mailing Address

P.O BOX 5382  
LAKE WORTH FL 33466  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1993

5. FEI Number

65-0382346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	<del>SILK, CAROL L</del> Hume, Theresa	5802 CHANNEL DRIVE 5983 Nottingham Rd.	GREENACRES FL 33463 West Palm Beach, FL 33415
PD	HUME, JEFF	5983 NOTTINGHAM RD	WEST PALM BEACH FL 33415
PD	MURRAY, STEVEN	352 MARTIN AVE	GREENACRES FL 33463
D	GUILBE, EVELYN	612 NEPTUNE ST	WEST PALM BEACH FL 33406

8. Name and Address of Current Registered Agent

SILK, CAROL L  
5802 CHANNEL DRIVE  
GREENACRES FL 33463

Theresa Hume  
5983 Nottingham Rd.  
W. Palm Beach, FL  
33415

9. Name and Address of New Registered Agent

Name

Theresa Hume

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

5983 Nottingham Rd.

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33415

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

*Theresa Hume*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12-8-02

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:

*Theresa Hume*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-13-02

Daytime Phone #

CR20040 (8/02)