

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 FEB -4 PH 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000633

1. Corporation Name

LAKE MARY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

~~451 FLORA CREEK COURT~~

PO BOX 851824

~~LAKE MARY FL 32746~~

LAKE MARY FL 32795-1824

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

2. New Principal Office Address, If Applicable

610 FOX HUNT CIRCLE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LONGWOOD FL

Zip Country  
32750-3300 U.S.

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1993

5. FEI Number

59-3157058

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	<del>BIDES, RONALD G.</del> DAVISON, JOHN E.	<del>451 FLORA CREEK COURT</del> 610 FOX HUNT CIRCLE	<del>LAKE MARY FL 32746</del> LONGWOOD FL 32750-3300
VPD	<del>AMBROSIO, FRANK</del> ALMIRALL, TONY	<del>709 ORICKLEWOOD TERRACE</del> 125 MILL RUN DRIVE	<del>LAKE MARY FL 32746</del> LAKE MARY FL 32746
SD	<del>VAGGARELLO, KATIE</del> MOORHOUSE, CARMEN	<del>2818 WALDEN POND COVE</del> 2214 BARKWOOD COURT	<del>LONGWOOD FL 32779</del> LAKE MARY FL 32746
TD	<del>FELDBSTEIN, RICH</del> SCHEURING, GARY	<del>659 CRYSTAL RIDGE WAY</del> 203 CITRUS DRIVE	<del>LAKE MARY FL 32746</del> SANFORD FL 32771
D	<del>REED, RANDY</del> COOK, DEBORAH	<del>405 EASTWIND COURT</del> 119 QUAIL RIDGE COURT	<del>SANFORD FL 32779</del> SANFORD FL 32771
D	<del>GAGLIANO, CHRIS</del> PAGAN, ANDRES	<del>300 ROCKWELL CIRCLE</del> 120 LAKEBREEZE CIRCLE	<del>LAKE MARY FL 32746</del> LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

~~BIDES, RONALD G.~~  
~~451 FLORA CREEK COURT~~  
~~LAKE MARY FL 32746~~

9. Name and Address of New Registered Agent

Name  
JOHN E. DAVISON  
Street Address (P.O. Box Number is Not Acceptable)  
610 FOX HUNT CIRCLE  
Suite, Apt. #, Etc.  
City  
LONGWOOD  
State  
FL  
Zip Code  
32750-3300

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.

Signature of  
Registered Agent

*John E. Davison*

REGISTERED AGENT MUST SIGN

Date

1/30/98

400002421094-0

02/10/98-01087-001

\*\*\*297.50 on intangible tax.

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. Yes ☐ No ☒

12. 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:

*John E. Davison* (JOHN E. DAVISON PRESIDENT) 1/30/98 (407) 363-2949 x142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EAG (8/97)