## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

00 NOV 28 PH 2: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT #** N 93000001844

1. Corporation Name

Sanford Little League, Inc.

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REINST	ATFMF	NT 97-00

<b>2.</b> Principal Office Address 2535 Elportal Ave		3. Mailing Office A		PEINSTATEMENT 97-00		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified	
City & Stat	e anford,	Tri	City & State Sanford, F	· · · · · · · · · · · · · · · · · · ·	To Do Business in Florida 4 –	Applied For
Zip Gi	anroru,	Country	Zip	Country	59-3438666	Not Applicable
•	2773	USA	32773	USA		5 Additional Fee required or a Certificate of Status
			7. Name a	and Address of Current I	Registered Agent	
	Name					
	Stroot Add	James Ruth	, Jr. per is Not Acceptable)		300003508	1634-3
	Sileer Aut	2535 Elport			-12/20/000	10760 <b>!</b> 3
	Suite, Apt.				****420.00	****420.80
	City				State Zip Code	
	City	Sanford			FL 32773	ŀ
B. I, bein	g appointed the		the above named corporation	, am familiar with and acce	ept the obligations of section 607.0505 or 617.0503, F.S	,
Signature Registered	of	James To				7-00

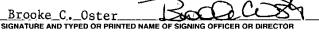
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	James Ruth, Jr.	2535 Elportal Ave	Sanford, FL 32773
V/D	Martin Latham	2403 DeCottes_Ave	Sanford, FL 32771
T/D	Brooke Oster	1004 Nightingale Pt.	Geneva, FL 32732
s/D.	Laura Johnson	101 Mayfair Circle	Sanford, FL 32771
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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 filling 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:

\_Brooke\_C.\_Oster



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407-330-7287

Daytime Phone #

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