

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 93000001844

1. Corporation Name

Sanford Little League, Inc.

2. Principal Office Address

2535 Elportal Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2535 Elportal Ave

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32773

Country

USA

Zip

32773

Country

USA

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

4-23-93

5. FEI Number

59-3438666

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

James Ruth, Jr.

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

2535 Elportal Ave

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

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

James Ruth, Jr.

REGISTERED AGENT MUST SIGN

Date

11-17-00

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 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: Brooke C. Oster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

407-330-7287

Daytime Phone #