

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N940000001894**

**1. Corporation Name**

Seminole Little League, Inc.

**800004883048--5**  
-02/06/02--01045--003  
\*\*\*\*297.50 \*\*\*\*297.50

**2. Principal Office Address**

12100 90th Ave. N.

Suite, Apt. #, etc.

**City & State**

Seminole, FL 33772

Zip

Country

**3. Mailing Office Address**

12210 Monarch Circle

Suite, Apt. #, etc.

**City & State**

Seminole, FL 33772

Zip

Country

**REINSTATEMENT 00-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/18/94

**5. FEI Number**

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

Richard P. Caton, Esq.

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

7843 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State  
**FL**

Zip Code

33772

**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

*Richard P. Caton*

Date

12/8/01

REGISTERED AGENT MUST SIGN

**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
D-P	Doug Luke	12210 Monarch Circle	Seminole, FL 33772
D-VP	Andy DeMott	12399 Oaks Lane	Seminole, FL 33772
D-S	Kathryn Sherman	11492 61st Avenue N.	Seminole, FL 33772
D-T	Norma Howell	9292 120th Lane N.	Seminole, FL 33772

**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:

*Kathryn A Sherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/01

Daytime Phone #

*KATHRYN A  
GOLDEN*

CR2E081 (9/00)