

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 SEP 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001894

1. Corporation Name

Seminole Little League, Inc.

2. Principal Office Address

12100 90th Ave N.

Suite, Apt. #, etc.

3. Mailing Office Address

11923 Orange Blossom Dr.

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

USA

Zip

33772

Country

USA

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

4/18/94

5. FEI Number

59-3244573

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 A. Zacur, Esq. (727-328-1000)

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

12387 Oakwind Place

Suite, Apt. #, Etc.

City

Seminole, FL 33772

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**

[Signature]
REGISTERED AGENT MUST SIGN *Richard Zacur*

Date 8/30/05

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
PD	Michael Kling (727-319-4179)	11923 Orange Blossom Dr.	Seminole, FL 33772
TD	Cyndi Bond (727-395-0947)	13780 88th Ave N.	Seminole, FL 33776
SD	Elizabeth Adam (727-393-0786)	9768 122nd Way N.	Seminole, FL 33772
VPD	Robert Dekorte (727-397-3928)	9611 118th Lane N.	Seminole, FL 33772

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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:

[Signature] / Michael Kling

8/30/05

727-319-4179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

September 15, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

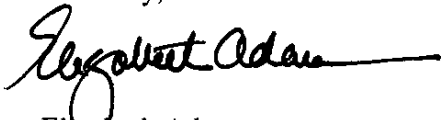
Gentlemen:

I would appreciate it if you would send the Certificate of Status directly to my attention.
I'm the league secretary for Seminole Little League and it can be mailed to the following:

Elizabeth Adam
9768 122nd Way
Seminole, FL 33772

Thanking you in advance for your assistance in our request.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Adam", with a long horizontal flourish extending to the right.

Elizabeth Adam