2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001894

FILED Oct 25, 2007 Secretary of State

Entity Name: SEMINOLE LITTLE LEAGUE, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
12100 - 90T SEMINOLE,						
Current Mailing Address:			New Mailing Address:			
11923 ORA SEMINOLE,	NGE BLOSSOM DI FL 33772 US	R.				
	e with s. 607.193(2)(b)	Number Applied For() FEI Nun , F.S., the corporation did not receive t nt Registered Agent:		∍.	Certificate of Status Desired ((X)
ZACUR, RICHARD A ESQ. 12387 OAKWIND PLACE SEMINOLE, FL 33772 US			LAPROVA, SUZANNE A 12983 FARMINGTON TRAIL SEMINOLE, FL 33776 US			
The above r		ts this statement for the purpose o	f changing it	s registered	d office or registered agent, or	· both,
SIGNATUR	E: SUZANNE A. L	APROVA	10/25/2007			
	Electronic Sig	nature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete KLING, MICHAEL 11923 ORANGE BLOS SEMINOLE, FL 33772	SSOM DR.	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete BOND, CYNDI 13780 88TH AVE. N. SEMINOLE, FL 33776		Title: Name: Address: City-St-Zip:	LAPROVA, SI	IINGTON TRAIL	
Title: Name: Address: City-St-Zip:	SD () Delete ADAM, ELIZABETH 9768 122ND WAY N. SEMINOLE, FL 33772		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete DEKORTE, ROBERT 9611 118TH LANE N. SEMINOLE, FL 33772		Title: Name: Address: City-St-Zip:	KLING, BRID	IGE BLOSSOM DR.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE LAPROVA TD 10/25/2007