

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006219**

1. Corporation Name

**WINTER GARDEN LITTLE LEAGUE, INC.**

Principal Place of Business

415 SOUTH PARK AVE.  
WINTER GARDEN FL 34787  
US

Mailing Address

POST OFFICE BOX 770638  
WINTER GARDEN FL 34777  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1994

5. FEI Number

65-0543705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED. ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	BECKER, BOBBIE Dennison, Teresa	415 S PARK AVE	WINTER GARDEN FL 34787
TD	LEDGORD, JODI Higginbotham, Susan	415 S PARK AVE	WINTER GARDEN FL 34787
PD	HALL, RUTH ANN Dowling, Ed	415 S PARK AVE	WINTER GARDEN FL 34787
VD	BUTLER, BOBBY Eazsol, Keith	415 S PARK AVE	WINTER GARDEN FL 34787
			100009053551 11/18/02--01090--008 **\$1.25
			100009053551 12/16/02--01010--013 **\$175.00

8. Name and Address of Current Registered Agent

JOHNSON, BLAIR M  
425 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Blair M Johnson*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11. 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: *Susan Higginbotham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Susan Higginbotham* 11/8/02 407-828-1231

CR20040 (8/02)