

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 12 PM 3:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

N9500000639

1. Corporation Name

Lady Lake Little League, Inc.
N95000000639

2. Principal Office Address

KimeHiggins

Suite, Apt. #, etc.

3089 U.S. Hwy 441/27

City & State

Fruitland Park, FL

Zip

34731

Country

U.S.

3. Mailing Office Address

Lady Lake Little League, Inc.

Suite, Apt. #, etc.

P.O. Box 1472

City & State

Lady Lake, FL

Zip

32159

Country

U.S.

REINSTATEMENT

98-00

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

2/06/1995

5. FEI Number

993329430

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

KimeHiggins

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

3089 U.S. Hwy 441/27

Suite, Apt. #, Etc.

City

Fruitland Park

300003315793-1
-07/07/00--01015--001
****358.75 ****358.75
300003315793-1
-07/07/00--01015--002
State ****358.00 ****358.00
FL 34731

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

Kim Higgins

REGISTERED AGENT MUST SIGN

Date

6/9/00

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	Kim Higgins	3089 U.S. Hwy 441/27	Fruitland Park, FL 34731
V/D	Colleen Williams	432 Alma Street	Lady Lake, FL 32159
S/D	Scott Harper	319 East Rose Lane	Lady Lake, FL 32159
D	Donna Smith	472 Winners Circle	Lady Lake, FL 32159
D	Terri Stout	3941 Palm Drive	Leesburg, FL 34748
D	Stacey Emery	379 Carriage Lane	Lady Lake, FL 32159

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:

Scott D. Harper

Scott D. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/09/2000

Date

(352)245-4584

Daytime Phone #

KE