

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 PM 3:58

DOCUMENT # N95000000639

1. Corporation Name

LADY LAKE LITTLE LEAGUE, INC.

2. Principal Office Address - No P.O. Box #

259 W. GUAVA ST

Suite, Apt. #, etc.

City & State

LADY LAKE, FL

Zip

32159

Country

USA

3. Mailing Office Address

P.O. Box 181

Suite, Apt. #, etc.

City & State

LADY LAKE, FL

Zip

32158

Country

USA

700165775987
01/12/10--01003--020 **490.00

KS

REINSTATEMENT 03-10

4. Date Incorporated or Qualified
To Do Business in Florida

2-6-95

5. FEI Number

99-3329430

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

MIKE SPADLIN

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

1300 SPRING LAKE RD

Suite, Apt. #, Etc.

City

FRUITLAND PARK

State

FL

Zip Code

34731

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 12/3/09

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
TR	MIKE SPADLIN	1300 SPRING LAKE RD	FRUITLAND PARK FL 34731
PR	JERRY SHAW	8085 CR 109	LADY LAKE, FL 32159
VP	DAVID SHUMATE	15291 SE 16TH PL	WEIRSDALE, FL. 32195

10. E-mail Address: MIKE.SPADLIN@GMAIL.COM

(To be used for future annual report notification)

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. I further certify 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 SPADLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/20/09

Daytime Phone # 352-782-5097