

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001275

1. Corporation Name

PEMBROKE PINES EAST LITTLE LEAGUE, INC.

Principal Place of Business

8401 NW 5TH CT
PEMBROKE PINES FL 33024

Mailing Address

8401 NW 5TH CT
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1995

Suite, Apt. #, etc.

4329 SW 74th Ave

Suite, Apt. #, etc.

4329 SW 74th Ave

City & State

Davie, FL

City & State

Davie, FL

Zip

33314

Country

Broward

Zip

33314

Country

Broward

5. FEI Number

65-0565387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
BP	WILEY, DONNA	8401 NW 5TH CT	PEMBROKE PINES FL 33024
DV	ROY, MILLER SR.	7131 Custer St	Hollywood, FL 33024
DT	BURZO, TERRI	7641 NW 5TH ST	PEMBROKE PINES FL 33024
DS	KINGER, DEBBIE	7121 PERCHING ST	HOLLYWOOD FL 33024
DS	NITA, Descalzo	10316 SW 48 Ct	Cooper City, FL 33326
DT	DONLON, EDWARD	7910 TAFT CT, EDD	PEMBROKE PINES FL 33024
DP	BOYD, CLAYTON	4329 SW 74TH AVE	DAVIE FL 33314

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-12/02/96-01/02/97
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8. Name and Address of Current Registered Agent

WILEY, DONNA
8401 NW 5TH CT
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name Clayton Boyd
Street Address (P.O. Box Number is Not Acceptable)
4329 SW 74th Ave
Suite, Apt. #, Etc.
City Davie
State FL Zip Code 33314

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.

Signature of
Registered Agent

Clayton Boyd
REGISTERED AGENT MUST SIGN

Date Nov. 6, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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: Clayton Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nov. 6, 1996 954-472-2307