

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005094

1. Corporation Name

Longwood Little League, Inc.

2. Principal Office Address

451 Flora Creek Court

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

US

3. Mailing Office Address

P.O. Box 951824

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795-1824

Country

US

REINSTATEMENT

97-01

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

09/30/96

5. FEI Number

X 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

Ronald G. Sides

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

451 Flora Creek Court

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

Ronald G. Sides
REGISTERED AGENT MUST SIGN

Date

4-20-01

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
PD	Ronald G. Sides	451 Flora Creek Court	Lake Mary, FL 32746
VPD	Cecil Thompson	301 Silver Pine Drive	Lake Mary, FL 32746
SD	Ron Thompson	4852 Shoreline Circle	Sanford, FL 32771
TD	Marilyn Van Winkle	106 Maplewood Drive	Sanford, FL 32771
D	Scott Williams	105 Tangerine Drive	Sanford, FL 32771
D	Andy Pagan	120 Lakebreeze Circle	Lake Mary, FL 32746

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)(f), 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: Ronald G. Sides

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

407-323-0303

Daytime Phone #

CR2E081 (8/00)