

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 3:28

DOCUMENT # **N97000002697**

1. Corporation Name

PLANT CITY LITTLE LEAGUE, INC.

Principal Place of Business

**MIKE SANSON PARK
PARK ROAD
PLANT CITY FL**

SANSONE

Mailing Address

**P.O. BOX 1471
PLANT CITY FL 33564**



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

MIKE SANSONE PARK
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1997

5. FEI Number

59-2215822

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	FEASTER, LAURA	5030 REECO RD	PLANT CITY FL 33567
PD	OSBORNE, DAVE	2003 W SANDALWOOD DR	PLANT CITY FL 33566
VD	BYARS, DAVE	1807 HITCHINGTON POST PLACE	PLANT CITY FL 33567
TD	Tami L. Griffin	1804 Williams Rd	Plant City, FL 33565
*****245.00 *****245.00			

8. Name and Address of Current Registered Agent

**MATTHEWS, BARBARA B
5335 U.S. HIGHWAY 98 NORTH
LAKELAND FL 33809**

9. Name and Address of New Registered Agent

Name

HOLLY J. FARMER

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

1706 Williams Road

Suite, Apt. #, Etc.

Plant City, FL

City

State

Zip Code

FL

33565

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **Oct 27, 2000**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVE OSBORNE 10/27/00

Date

Daytime Phone #

813-743-3126

CR2ED40 (8/00)