

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002697

1. Corporation Name

PLANT CITY LITTLE LEAGUE, INC.

Principal Place of Business

MIKE SANSONE PARK  
PARK ROAD  
PLANT CITY FL

Mailing Address

P.O. BOX 1471  
PLANT CITY FL 33564



REINSTATEMENT 02

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1997

5. FEI Number

59-2215822

Applied For

Not Applicable

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
TD	GRIFFIN, TAMI L	1804 WILLIAMS RD	PLANT CITY FL 33565
PD	OSBORNE, DAVE	2003 W SANDALWOOD DR	PLANT CITY FL 33566
VD	BYARS, DAVE	1807 HITCHINGTON POST PLACE	PLANT CITY FL 33567

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8. Name and Address of Current Registered Agent

FARMER, HOLLY J  
1706 WILLIAMS ROAD  
PLANT CITY FL 33565

9. Name and Address of New Registered Agent

Name

Don Phillips

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

3805 CREEKWAY CT

Suite, Apt. #, Etc.

City

Plant City FL

State

FL

Zip Code

33567

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-3-02

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

12-3-02 813 689-1608

Date

Daytime Phone #

CR2E040 (8/02)