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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # N97000004162

1. Corporation Name
Palm Harbor National Little League Inc.

700004883247--4
-02/06/02--01053--006
****122.50 ****122.50

01-02 UBR

2. Principal Office Address	3. Mailing Office Address
415 S San Remo Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State
Zip: 33756 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/22/97

5. FEI Number: 59-3452280 — 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: Lovis Haskel
Street Address (P.O. Box Number is Not Acceptable): 415 S San Remo Ave
Suite, Apt. #, Etc.:
City: Clearwater — State: FL — Zip Code: 33756

LS

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: Lovis Haskel — REGISTERED AGENT MUST SIGN — Date: 12/15/01

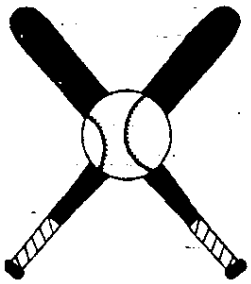
CR2E081 (9/00)

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	Marc Smith	551 11th St.	Palm Harbor, FL 34683
VD	Rose Day	703 Cardinal Ave	Palm Harbor, FL 34683
VD	Michael O'Brien	2897 Penridge Dr.	Palm Harbor, FL 34684
SD	Angela Rainey	4383-Ellinwood Ct	Palm Harbor, FL 34685
TD	Lovis Haskel	1942 Radcliffe Dr N	Clearwater, FL 33763

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)(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: Lovis Haskel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/15/01 Date — 727-441-1048 Daytime Phone #



Palm Harbor Little League
Post Office Box 640
Palm Harbor, Fl 34682
785-3785

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January 21, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Att: Tyrone Scott

Re: N97000004162, Palm Harbor National Little League, Inc.

Dear Mr. Scott,

As we discussed on the phone, our organization did not receive the filing notices from your office. I am enclosing the application for reinstatement and a check for $122.50 to cover the filing fees for 2001 & 2002.

Thank you for your help.

Sincerely,

Louis Haskel CPA

Louis Haskel, CPA
Treasurer