PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED

03 OCT 13 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/13/03--01085--017 **236.25

DOCUMENT # N99000002818

1. Corporation Name

NICEVILLE VALPARAISO AMERICAN LITTLE LEAGUE, INC.

REINSTATEMENT 2003

2. Principal Office Address		3. Mailing Office Address	
463 JUNIPER DRIVE		P O BOX 764	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FREEPORT FL		NICEVILLE FL	
Zip	Country	Zip	Country
32439	USA	32588-0764	USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/1999

5. FEI Number: 59-3641933 ☐ 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: PATTI BAKER

Street Address (P.O. Box Number is Not Acceptable): 463 JUNIPER DRIVE

Suite, Apt. #, Etc.:

City: FREEPORT | State: FL | Zip Code: 32439

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: Patti Baker — Date: 10/8/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	GARY WOOD	500 GOLF COURSE DRIVE	NICEVILLE FL 32578
V	RANDY SIMS	4018 BOND CIRCLE	NICEVILLE FL 32578
S	JANET SIMPSON	4329 E HIDDEN LAKES DRIVE	NICEVILLE FL 32578
T	PATTI BAKER	463 JUNIPER DRIVE	FREEPORT FL 32439
D	MIKE RARICK	1644 PARKSIDE CIRCLE	NICEVILLE FL 32578

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: Patti Baker — 10/8/03 — 337-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #