PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 17 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02-03

DOCUMENT # N99000006132

1. Corporation Name
Central Little Major League Inc.

2. Principal Office Address
1300 Tyndall Dr
Suite, Apt. #, etc.
City & State: Panama City Fl
Zip: 32401 Country: US

3. Mailing Office Address
1300 Tyndall Dr.
Suite, Apt. #, etc.
City & State: Panama City Fl.
Zip: 32401 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: Oct. 18, 1999

5. FEI Number: 593604888 ☐ 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: Alvin Peters
Street Address (P.O. Box Number is Not Acceptable): 25 E. 8th Street
Suite, Apt. #, Etc.:
City: Panama City State: FL Zip Code: 32401

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 _____ Date _____
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/S	Mary Jo Vernon	1300 Tyndall Dr	Panama City Fl 32401
VP/T	Julie Bland	214 S. Cove Terrace	Panama City Fl. 32401
D	Randal McElheney	408 S. Bonita Av.	Panama City Fl 32401
D	William Harrison	213 Bunkers Cove Rd.	Panama City Fl 32401

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: Mary Jo Vernon Mary Jo Vernon 2-13-03 850-763-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #