

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # N99000006215

1. Corporation Name

TEMPLE TERRACE LEAGUERETTES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 292053
TEMPLE TERRACE FL 33687

Mailing Address

PO BOX 292053
TEMPLE TERRACE FL 33687



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1999

5. FEI Number

59-3604647

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OFF T	SIGL, KEVIN Kevin Sigl	7810 BULLARA DRIVE	TEMPLE TERRACE FL 33617
VPD	ADAMS, ROBERT W Oscar Cardoso	372 WOODLAND RIDGE DRIVE 7235 River Forest Lane	TEMPLE TERRACE FL 33637 33617 Temple Terrace FL
PD	SCHREIBER, MELANIE K Mary Jane Leist	12203 WOODPOCK PLACE 4723 Poinsettia Ave	TAMPA FL 33617
SD	BANEY, CAROL Jane Sigl	7000 YARDLEY WAY 7810 Bullara Dr	TAMPA FL 33647

8. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
1505 N. FLORIDA AVE - 6714 113th Ave
TAMPA FL 33602
Temple Terrace 33617

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Temple H. Drummond
REGISTERED AGENT MUST SIGN

Date

Nov. 1, 2002

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:

Mary Jane Leist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 1, 2002 (813) 833-2288

CR2E040 (8/02)

November 1, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Document No. N99000006215

Gentlemen:

On October 31, 2002 we received the package from the State of Florida advising us that our non-profit corporation has been dissolved. I then called the number in Tallahassee and was advised of the following:

- That you have received our payment of \$61.25 and cashed the check
- Our application form was filled out incomplete as some of the directors addresses were not included
- On June 6, 2002 you sent out a rejection letter to us, advising us that we had 30 days to re-submit the corrected application. We never received the rejection letter from the State of Florida.

Enclosed please find the revised application with the names and addresses of our new directors. We request a waiver in the reinstatement fee as we did not receive the rejection letter that was sent to us on June 6, 2002.

Sincerely,



Mary Jane Leist
President

Temple Terrace Leaguerettes, Inc.
P. O. Box 292053
Temple Terrace, FL 33687