DATE: 02/03/2003 DOCUMENT ID 200303103170

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

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Receipt

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WEST PORTSMOUTH LITTLE LEAGUE ATHLETIC ASSOCIATION PO BOX 457 PORTSMOUTH, OH 45662

# STATE OF OHIO

## Ohio Secretary of State, J. Kenneth Blackwell

577112

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

### WEST PORTSMOUTH AMERICAN LITTLE LEAGUE, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200303103170



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of January, A.D. 2003.

Quett Gachinell

Ohio Secretary of State



### Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910

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#### REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit) Filing Fee \$25.00

THE UNDERSIGNED I	DESIRING TO FIL	EA:			
(CHECK ONLY ONE	(1) BOX)				
(1) Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN) (4) Reinstatement of a Registered Pa		(2) Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)		Corp (for failure to f existence)	statement of a Non-Profit oration ile a statement of continued (109-RENN)
Limited Liability		(5) ☐ Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES			
(for failure to file annual or bie THIS FORM MUST BE ACCOI BIENNIAL REPORTS WITH FI	LR) LINQUENT ANNUAL OR				
Complete ALL of the ger	neral information li	n this section for the box	checked above.	<del></del>	
Name of Entity		th American Little Leag			
Charter or Registration No.	<u>:</u>	577112			
ancellation Date The entity was canceled on (list date):			March 3, 1997 (Date)		
Complete the information	in this section if b	ox (1) or (2) is checked.			
Name and Address of New Agent (if applicable)	-	Name)			<del></del>
	7	Street)	NOTE: P.O. Box Addresses are NOT acceptable.		
	-			Ohio	
	(4	City)		(State)	(Zip Code)
		ACCEPTANCE OF API	POINTMENT		
he Undersigned, ne Statutory agent for,					_, named herein as
ereby acknowledges and	d accepts the app	ointment of statutory ag	ent for said entity	<del>-</del>	
	Signature: _				
	(Statutory Agent)			nt)	
REQUIRED lust be authenticated (signal y an authorized represer	gned)	Paula Raide			1/20/ 2

(See Instructions)

Authorized Representative

525

Page 1 of 1

Last Revised: May 2002