

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 702201

Entity Name: PINECASTLE AREA LITTLE LEAGUE INC**Current Principal Place of Business:**814 W. OAK RIDGE RD.
ORLANDO, FL 32809**Current Mailing Address:**P.O. BOX 593425
ORLANDO, FL 32859-3425**FEI Number:** 59-1865469**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOMEZ, MARIA A
1313 DICKENS AVE
ORLANDO, FL 32809 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARIA A. GOMEZ

01/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ORTEGA, EUDDI L
Address 819 ROYAL OAK DR
City-State-Zip: ORLANDO FL 32809

Title VP
Name MORALES, EULALIO
Address 2249 ROSE BLVD
City-State-Zip: ORLANDO FL 32809

Title OFFICER
Name TORRES, LISA
Address 909 ORWELL AVE
City-State-Zip: ORLANDO FL 32809

Title SECRETARY
Name PEREIRA, MEAGAN
Address 3990 CRAYRICH CIRCLE #302
City-State-Zip: ORLANDO FL 32839

Title OFFICER
Name GORDILLS, GILBERT
Address 116 DELANEY DR
City-State-Zip: DAVENPORT FL 33837

Title TREASURER
Name GOMEZ, MARIA A.
Address 1313 DICKENS AVE
City-State-Zip: ORLANDO FL 32809

Title OFFICER
Name TORRES, CARLOS
Address 909 ORWELL AVE
City-State-Zip: ORLANDO FL 32809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA A. GOMEZ**TREASURER**

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date