

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 MAY -4 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702201

1. Corporation Name

Pinecastle Area Little League, Inc.

2. Principal Office Address

814 W. Oak Ridge Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32809

Country
US

3. Mailing Office Address

P.O. Box 593425

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32859-3425

Country
US

REINSTATEMENT
CR2E081 (12/05)

03-06

900075377329
05/26/06--01047--007 **420.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/1964

5. EFL Number

59-1865469

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

James J. Flick

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

112 Lake Avenue

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32801

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

James J. Flick
REGISTERED AGENT MUST SIGN

Date

4/27/06

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,D	Margaret Amodeo	1311 Hoffner Avenue	Orlando, FL 32809
T,D	David Mikulski	409 Monroe Place	Port Orange, FL 32127
S,D	Debra Milotie	3067 Bellingham Street	Orlando, FL 32809
VP,D	Raphael Lopez	4259 Inglenook Lane	Orlando, FL 32838
D	Frank Amodeo	1311 Hoffner Avenue	Orlando, FL 32809

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 contained in Chapter 119, 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:

Margaret Amodeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

(407) 839-0593

Daytime Phone #

5/11/06