

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 21 PH 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709367

**1. Corporation Name**

PORT CHARLOTTE LITTLE LEAGUE, INC.

**REINSTATEMENT** 95-04

700033439217  
04/21/04--01048--006 \*\*796.25

**2. Principal Office Address**

23400 HAROLD AVENUE

**3. Mailing Office Address**

P.O. BOX 495541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

USA

Zip

33949-5541

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
52-1286858

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

R. CLARK SMITH

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

21294 COVINGTON AVENUE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

**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 04/19/2004

REGISTERED AGENT MUST SIGN

**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	GREGG VITALE	25206 ROSAMOND CT.	PORT CHARLOTTE, FL 33983
VP/D	ERIKA McDERMOTT	22400 BUFFALO AVE.	PORT CHARLOTTE, FL 33952
S/D	JULIE KOCH	23283 ABERDEEN AVE.	PORT CHARLOTTE, FL 33952
T/D	R. CLARK SMITH	21294 COVINGTON AVE.	PORT CHARLOTTE, FL 33952
VP/D	JOSEPH ROCA	18451 MEYER AVE.	PORT CHARLOTTE, FL 33948

**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:

*R. Clark Smith*

R. CLARK SMITH

04/19/2004

941-629-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)