PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 MAR -9 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734702

1. Corporation Name

PORT CHARLOTTE CENTENNIAL LIONS CLUB INC.

100310358841
03/09/18--01024--001 **122.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2120 Kings Highway	2120 Kings Highway
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33980 Country: usa	Zip: 33980 Country: usa

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1975

5. FEI Number: 59-6155217 ☐ 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: Vergne C. Gregrich

Street Address (P.O. Box Number is Not Acceptable): 4163 Watova Ave

Suite, Apt. #, Etc.:

City: North Port State: FL Zip Code: 34286

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: Vergne C Gregrich Date: 3-6-2018
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	Annabelle Cartagena	23141 Harborview Rd	Punta Gorda, FL 33980
Sec	Jody Inniss	2120 Kings Highway	Port charlotte, FL 33980
Trea	Vergne C Gregrich	4163 Watova Ave	North Port, FL 34286
Dir	Gregory Kalosss	2506 Aaeville Rd	Norhh Port, FL 34286

10. E-mail Address: gregrichv@yahoo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Vergne C Gregrich 3-6-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE
MAR 15 2018