

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756496

1. Corporation Name

CHARLOTTE COUNTY BABE RUTH LEAGUE, INC.

Principal Place of Business

Mailing Address

PO BOX 381088
MURDOCK FL 33938
US

P O BOX 381088
MURDOCK FL 33948
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1981

5. FEI Number

65-0097196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CLOUSE, WILLIAM ORTOLANO ANTHONY	113 LENOIR ST 25324 RAMPART BLVD	PT CHARLOTTE FL 33948 33983
V/D	WHITTINGTON, DONNA	2560 TAMARIND ST 1484 BUENA VISTA CIR	PT CHARLOTTE FL 33948 33953
V/D	ANGELINI, JOSEPH	786 MERRICK LN.	PORT CHARLOTTE FL
T	FERRARO, JUDY JOSEPH WHITE	684 VERONA 110 PARTMOUTH	PORT CHARLOTTE FL 33952
S	PAULE, DELVYN SUSAN KIESH	296 FLETCHER ST 20257 POTTCHAW BLVD	PORT CHARLOTTE FL 33954

8. Name and Address of Current Registered Agent

CLOUSE, WILLIAM
113 LENOIR ST.
PORT CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name
ANTHONY ORTOLANO
Street Address (P.O. Box Number is Not Acceptable)
25324 RAMPART BLVD
Suite, Apt. #, Etc.
City
PORT CHARLOTTE
State
FL
Zip Code
33983

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

900002735509--9

Date 01/28/98 114-009

***235.25 ***235.25

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/98 941-936-2600

CE20040 (9/88)