

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 MAR -6 PM 4:30

DOCUMENT # *ND20 0000 1129*

1. Corporation Name

*THE EXECUTIVE NETWORK OF CHARLOTTE COUNTY, INC.*

2. Principal Office Address - No P.O. Box #

*109 E Olympia Ave*

Suite, Apt. #, etc.

City & State

*Punta Gorda FL*

Zip Country

*33950 Charlotte*

3. Mailing Office Address

*PO Box 495182*

Suite, Apt. #, etc.

City & State

*Port Charlotte FL*

Zip Country

*33949 Charlotte*

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

*2/14/2002*

5. FEI Number

*65-1152262*

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

*LUCINDA ROSSI*

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

*109 E Olympia Ave*

Suite, Apt. #, Etc.

*Punta Gorda FL*

City

*33950*

State

*FL*

Zip Code

*33950*

200257490922  
03/08/14--01003--008 \*\*420.00

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

*[Signature]*

Date *3/27/14*

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
<i>P</i>	<i>Jim Sproull</i>	<i>21234 Dean BL H2A</i>	<i>Port Charlotte, FL 33952</i>
<i>VP</i>	<i>GREG DALTON</i>	<i>1800 EL JOBEAN RD</i>	<i>Port Charlotte FL 33948</i>
<i>T</i>	<i>LUCINDA ROSSI</i>	<i>109 E Olympia Ave</i>	<i>Punta Gorda FL 33950</i>
<i>S</i>	<i>Cecile Desrochers</i>	<i>24660 Buckingham Way</i>	<i>Port Charlotte FL 33980</i>

10. E-mail Address: *Lucinda.Rossi@brightway.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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/14* 941.637.9393  
Date Daytime Phone