PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 APR -3 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N15160

1. Corporation Name

Punta Gorda Area Centennial, Inc.

Principal Place of Business
98 Tamiami Trail
Punta Gorda, FL
33950

Mailing Address
P.O. Box 1887
Punta Gorda, FL
33951

REINSTATEMENT ad 88-97

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

2. New Principal Office Address, If Applicable: 3440 Conway Blvd.
Suite, Apt. #, etc.: 2-C
City & State: Port Charlotte, FL
Zip: 33952 Country: USA

3. New Mailing Office Address, If Applicable: 3440 Conway Blvd.
Suite, Apt. #, etc.: 2-C
City & State: Port Charlotte, FL
Zip: 33952 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: May 29, 1986

5. FEI Number: 59-2674886 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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/P	Jim Sanders	1023 W. Marion Ave.	Punta Gorda, FL 33950
D/T	Fred B. Dees, Jr.	505 Canada Ct.	Punta Gorda, FL 33950
D	Gussie Baker	532 Canada Ct.	Punta Gorda, FL 33950
D	Cathleen Johnson	118 Colony Point Dr.	Punta Gorda, FL 33950

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8. Name and Address of Current Registered Agent

E. David Johnson
98 Tamiami Trail
Punta Gorda, FL 33950

9. Name and Address of New Registered Agent

Name: Fred B. Dees, Jr.
Street Address (P.O. Box Number is Not Acceptable): 3440 Conway Blvd.
Suite, Apt. #, Etc.: 2-C
City: Port Charlotte State: FL Zip Code: 33952

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: [signature] REGISTERED AGENT MUST SIGN Date: 4/1/97

CR2E040 (2/96)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 Date

(941)629-7595 Daytime Phone #