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
99 JAN -5 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N45795

1. Corporation Name
Port Salerno Little League, Inc.

Principal Place of Business
P.O. Box 192
Port Salerno, FL 34992

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

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

5. FEI Number 59-3097112 | 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
PD	Joseph Keating	8946 SW Tropical Ave	Stuart, FL 34997
VD	Joe Pearce	3340 SE Fairmont St	Stuart FL 34997
SD	Sue Rex	1721 SE Jackson St	Stuart FL 34997
TD	Barbara Anderson	3749 SE Lower St	Stuart, FL 34997

REINSTATEMENT 97-990 1-15-99

8. Name and Address of Current Registered Agent
Leonard Rutland Jr.
10 Central Parkway
Suite 350
Stuart, FL 34994

9. Name and Address of New Registered Agent
Name: Barbara Anderson
Street Address (P.O. Box Number is Not Acceptable): 3749 SE Lower St
Suite, Apt. #, Etc.:
City: Stuart | State: FL | Zip Code: 34997

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: Barbara Anderson — REGISTERED AGENT MUST SIGN — Date: 12/28/98

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: Barbara Anderson Barbara J Anderson Treas. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12-28-98 Date — 561-288-2912 Daytime Phone #

CR2E040 (1/98)