PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/04/02--01061--003 **236.25

REINSTATEMENT 02

DOCUMENT # N45795

1. Corporation Name

PORT SALERNO LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 192 PORT SALERNO FL 34992	P.O. BOX 192 PORT SALERNO FL 34992

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: 10/28/1991

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	4 City / State / Zip
PD	~~REX, CHARLES~~ Michael Cronsoe	~~1721 SE JACKSON ST~~ 149 Martin Ave	STUART FL ~~34997~~ 34996
VD	~~PEARCE, JOE~~ John Piedzianowski	~~3340 SE FAIRMONT ST~~ 4464 SE Village Rd	STUART FL 34997
SD	~~REX, SUE~~ Marti Sheckells	~~1721 SE JACKSON ST~~ 2308 SE Diamond Ct	STUART FL 34997
TD	~~ALLEN, LAURA~~ Roger Eder	~~4360 SE KUBIN AVE~~ 352 SW Salerno Rd.	STUART FL 34997

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALLEN, LAURA 4360 SE KUBIN AVE STUART FL 34997	Name: Roger Eder Street Address (P.O. Box Number is Not Acceptable): 352 SW Salerno Rd. Suite, Apt. #, Etc.: City: Stuart State: FL Zip Code: 34997

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10-30-02
REGISTERED AGENT MUST SIGN

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., 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 REQUIRED Roger Eder — 10-30-02 — (772) 283-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #