

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000002361**

1. Corporation Name

**POLICE ATHLETIC LEAGUE OF CHARLOTTE COUNTY, INC.**

Principal Place of Business

7474 UTILITIES RD  
PUNTA GORDA FL 33982  
US

Mailing Address

7474 UTILITIES RD  
PUNTA GORDA FL 33982  
US

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

**04/25/1997**

5. FEI Number

**59-3443937**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

01

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>BO</del> Exec Dir.	<del>WORCH, RICHARD H JR</del> WILLIAM CLEMENT	7474 UTILITIES RD	PUNTA GORDA FL 33982
<del>DA</del> Dir. Pres.	<del>ABERNATHY, HARVEY</del> DICK LOFTUS	<del>100 MADRID BLVD STE 412</del> 2122A OLEAN BLVD	<del>PUNTA GORDA FL 33950</del> Port Charlotte, FL 33952
<del>BO</del> D-Pres.	CARTER, STEPHEN	AAA TRAVEL AGENCY 2122Q OLEAN BLVD	PORT CHARLOTTE FL 33952
<del>BO</del> DS	<del>COCUZZI, JOY</del> MARIA GAZER	7474 UTILITIES RD	PUNTA GORDA FL 33982
DT	FULLER, LYNN	7474 UTILITIES RD	PUNTA GORDA FL 33982
			600004701006--5 -11/30/01--01078--0169 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

WILLIAM CLEMENT  
~~WORCH, RICHARD H JR~~  
7474 UTILITIES RD  
PUNTA GORDA FL 33982

9. Name and Address of New Registered Agent

Name  
Kenneth "STEPHEN" CARTER  
Street Address (P.O. Box Number is Not Acceptable)  
2122A OLEAN BLVD  
Suite, Apt. #, Etc.  
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

*Kenneth Stephen Carter*  
**SIGNATURE REQUIRED**

Date **10-29-01**

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:

*Kenneth Stephen Carter*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-29-01**

Date

Daytime Phone #