

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000035300**

1. Corporation Name

Pitch Inc.

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

8818 LAGOON ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33615

Country

Hillsborough

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/03

5. FEI Number

75-311303

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

STEPHEN ALLEN SUMMERS

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

8818 LAGOON ST

Suite, Apt. #, Etc.

City

TAMPA,

State

FL

Zip Code

33615

800293685218
02/08/17--01003--009 **150.00

800293685218
12/28/16--01020--022 **900.00

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 of Stephen Allen Summers]

Date **1/24/16**

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
P/VP S	STEPHEN H SUMMERS	8818 LAGOON ST TAMPA, FL 33615	Tampa, FL 33615

REINSTATEMENT

2015-2017

10. E-mail Address: **STEPHENALLEN SUMMERS @ Gmail . 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 of Stephen Allen Summers]
STEPHEN ALLEN SUMMERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/16

Date

Daytime Phone #

813-334-5793