

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 DEC 28 AM 9:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

500162766505  
11/12/09--01034--015 \*\*\$175.00

**DOCUMENT # 743297**

1. Corporation Name

**Coral Springs American Little League, Inc.**

W09 — 50290

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

**10000 NW 29th Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 8803**

Suite, Apt. #, etc.

**4**

City & State

**Coral Springs, FL**

City & State

**Coral Springs, FL**

Zip

**33065**

Country

**USA**

Zip

**33075**

Country

**USA**

**REINSTATEMENT 07-09**

4. Date Incorporated or Qualified  
To Do Business in Florida

**6/16/1978**

5. FEI Number

**23-1688231-3158**

☐ 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

**Don Rambus**

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

**2501 Coral Springs Drive**

Suite, Apt. #, Etc.

City

**Coral Springs**

State

**FL**

Zip Code

**33065**



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date **4 NOV 9**

**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	Don Rambus	2501 Coral Springs Dr	Coral Springs, FL 33065
VP	David Smith	2513 NW 82ND TERRACE NORTH	Coral Springs, FL 33065
SO	Gail Sucher	2544 NW 95th Ct	Coral Springs, FL 33065
T	Maritza Duran	2830 NW 95th Ave	Coral Springs, FL 33065

**REINSTATEMENT**

**RH**

10. E-mail Address: **info@csall.com**

(To be used for future annual report notifications)

500162766505  
12/28/09--01034--024 \*\*\$8.75

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. 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.

SIGNATURE:

*Don Rambus*

**Don Rambus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 NOV 9 954-865-0350**

Date

Daytime Phone#