

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756681

1. Corporation Name

Gulf Coast Little League Inc.

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

5611 Warren St.

3. Mailing Office Address

c/o
2417 Kings Lake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34113

Country

USA

Zip

34112

Country

USA

900184979349
09/01/10--01033--003 **1225.00

REINSTATEMENT 94-10

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/81

5. FEI Number

37-1606297

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 Cynthia Dreyfuss, Treasurer

Street Address (P.O. Box Number is Not Acceptable)
2417 Kings Lake Blvd

Suite, Apt. #, Etc.

City Naples

State FL

Zip Code 34112

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

Date 8-30-10

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	Cynthia Mysels	6271 Mandalay Cr	Naples, FL 34112
S	Melissa Merrell	362 Torrey Pines Pt.	Naples, FL 34113
T	Cynthia Dreyfuss	2417 Kings Lake Blvd	Naples FL 34112

10. E-mail Address: Cindy.dreyfuss@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., 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:

Cynthia Dreyfuss 8-30-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-293-0028

9/2/10