

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -3 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N0000000809

1. Corporation Name

Golden Gate American Little League, Inc.

2. Principal Office Address

5378 23rd Place SW

3. Mailing Office Address

5378 23rd Place SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL.

City & State

Naples, FL.

Zip

34116

Country

Zip

34116

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/00

5. FEI Number

52-2197946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Steve Peffers

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

981 12th Ave. NE

100013343401

03/03/03--01078--009 \*\*367 50

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

REGISTERED AGENT MUST SIGN

Date

2/24/03

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	John Kopfensteiner	5378 23rd Place SW	Naples, FL. 34116
VP	Brett Turetzkin	440 Wilson Blvd.	Naples, FL. 34120
S	Steve Peffers	981 12th Ave. NE	Naples, FL. 34120
T	Amy Caple	240 31st St. NW	Naples, FL. 34120
	See attachment for directors		

10. 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)(l), 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:

*Amy L. Caple* Amy L. Caple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/03

Daytime Phone #

239-352-2790

CR3E081 (10/02)

2/3/4

Attachment to Reinstatement Form  
for Golden Gate American Little League, Inc.

List of Directors:

Darrell Caple – D  
240 31<sup>st</sup> St. NW  
Naples, Fl. 34120

Matt Naufel – D  
3215 Orange Grove Trail  
Naples, Fl. 34120

Ralph Klebosis – D  
8220 16<sup>th</sup> St. SE  
Naples, Fl. 34117