

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Golden Gate Little League
Softball, Inc.

REINSTATEMENT 08-09
JC/22

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

7615 Berkshire
Pines Drive

3. Mailing Office Address

P.O. Box 147
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

USA

Zip

34106

Country

USA

600140842426

01/15/09--01023--021 **150.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-07

5. FEI Number

26-0758539

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

Randy Weiben

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

7615 Berkshire Pines Dr.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34106



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 617.0503, F.S.

Signature of
Registered Agent

Randy Weiben

REGISTERED AGENT MUST SIGN

Date 1-7-09

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
Pres.	Randy Weiben	7615 Berkshire Pines Dr.	Naples, FL 34104
VP	Valerie Guttersidge	3349 Mystic River Dr.	Naples, FL 34120
Treas.	Mary Nocera	270 11th St NW	Naples FL 34120
Sec.	Kathy Locke	160 8th St SE	Naples, FL 34117

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 contained in Chapter 119, 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:

Mary Nocera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-09

Daytime Phone #

239-293-4769