


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037198

1. Corporation Name

GOLDEN GATE TRANSMISSION & AUTO REPAIR, INC.

2. Principal Office Address

12585 COLLIER BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

Country

34116

City & State

Zip

Country

4. Date Incorporated or Qualified
04-24-98 in Florida

5. FEI Number

59-3510472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL J YOUNG

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

3281 4TH AVE SE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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

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
PTD	MICHAEL J YOUNG	3281 4TH AVE SE	NAPLES, FL., 34117
SD	LISA A YOUNG	3281 4TH AVE 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 under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Young
PRESIDENT/DIRECTOR

03-24-03

Date

(239)352-2322

Daytime Phone #

CR0001 (8/99)

GOLDEN GATE TRANSMISSION & AUTO REPAIR, INC
12585 COLLIER BLVD
NAPLES, FL., 34116

03-24-03

STATE OF FLORIDA
DIVISION OF CORPORATIONS
5050 WEST TENNESSEE STREET
TALLAHASSEE, FL., 32399-0100

ENCLOSED YOU WILL FIND OUR UNIFORM BUSINESS REPORT FOR 2003, ALONG WITH O
CORPORATION REINSTATEMENT FORM. OUR CERTIFIED CHECK IN THE AMOUNT OF
\$300.00 IS ALSO ENCLOSED.

WE DID NOT RECEIVE THE 2002 UBR FORM, NOR DID WE RECEIVE THE ONE FOR 2003.

PLEASE REINSTATE OUR COPORATION AS SOON AS POSSIBLE.

SINCERELY;

GOLDEN GATE TRANSMISSION & AUTO REPAIR, INC


BY: MICHAEL J YOUNG, PRESIDENT