PS 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 14 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718118

1. Corporation Name
BAYSHORE LITTLE LEAGUE, INC.

P.O. Box 14382
P.O. Box 14382

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 14382	P.O. Box 14382
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33690 Country: USA	Zip: 33690 Country: USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 03/13/1970

5. FEI Number 59-2896636 ☐ 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: Jacob Munch, Esq.

Street Address (P.O. Box Number is Not Acceptable): 701 N. Franklin St.

600037948436
06/15/04--01014--003 **122 50

Suite, Apt. #, Etc.: Suite 300

City: Tampa State: FL Zip Code: 33602

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: Jake Munch Date: 6-4-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	Dennis Manelli	81 Martinique Ave.	Tampa, FL 33606
S/D	Carole Kirkwood	506 Severn Ave.	Tampa, FL 33606
T/D	Margaret Lopez	165 Baltic Cir.	Tampa, FL 33606

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)(i), 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: Dennis E. Manelli 6/2/04 813-472-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 2972

BAYSHORE LITTLE LEAGUE, INC.
P.O. BOX 14382
TAMPA, FL 33690

June 9, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Waiver of Reinstatement Fee for Bayshore Little League, Inc.
Document # 718118; FEIN 59-2896636

Dear Representative:

Enclosed, please find a Reinstatement Application and Annual Report Fees for 2003 and 2004 for Bayshore Little League, Inc. We are a non-profit corporation, based in Tampa, whose sole purpose is to organize and support a little league baseball and softball program. We ask that you abate any reinstatement fees or penalties that may be assessed against our little league group. Unfortunately, the address shown on the Department of State, Division of Corporation's website reflected an incorrect zip code and the Annual Report Notice form was never received. We appreciate your assistance in this matter, and look forward to rectifying this situation.

Sincerely,

BAYSHORE LITTLE LEAGUE, INC.

Dennis E Manelli

Dennis Manelli, President

Enclosures

F:\Shared Office Files\Clients\Pending matters\cnb pending\BSLL\Reinstatement.doc