

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 27 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40263

1. Corporation Name

GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

GOLDEN GATE COMMUNITY PARK
NAPLES FL 33999
US

P O BOX 990046
NAPLES FL 34116
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/24/1990	
City & State		City & State		5. FEI Number	
Zip		Country		65-0214114	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	JUKINS, PAUL	2430 39TH ST. SW	NAPLES FL 34117
V/D	SANTOS, MAY Mary Ann Crabtree	3401 15TH AVE 4437 19th Place SW	NAPLES FL 34117 34116
T/D	JUTKIEWICZ, NOREEN	270 25TH ST SW	NAPLES FL 34117
S/D	CLAWSON, TINA	315 21ST ST SW	NAPLES FL 34117
VD	JUKINS, PAUL	2410 39TH ST SW	NAPLES FL 34117
			300003810433-4 -03/07/01--01075--014 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

JUKINS, PAUL
3430 39TH ST.SW
NAPLES FL 34117

9. Name and Address of New Registered Agent

Name	Paul Jukins
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	300003810433-4
City	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/7/01

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Noreen E. Jutkiewicz

1/7/01
Date

941-262-3311
Daytime Phone #

CR2E040 (8/00)