PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REJUSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary_of_State

DOCUMENT #

N40263

1. Corporation Name

GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

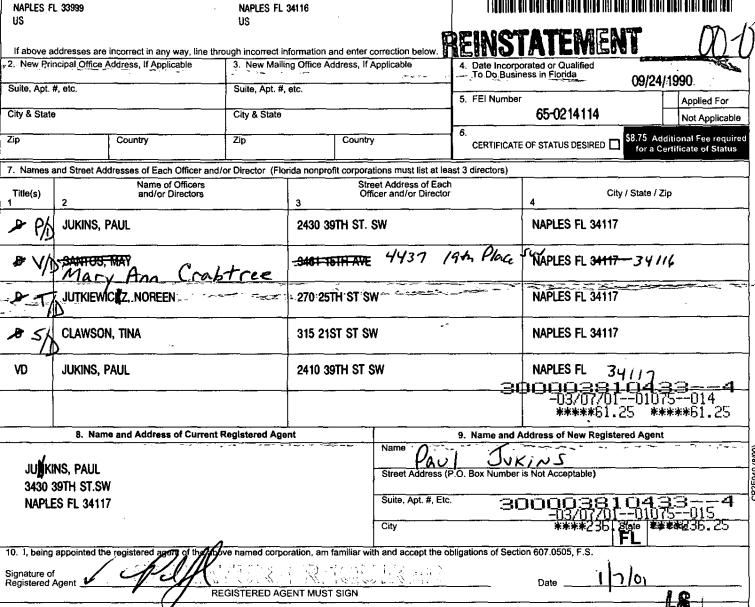
GOLDEN GATE COMMUNITY PARK

P O BOX 990046

FILED

01 FEB 27 AM 8: 25

SCORETARY OF STATE TALBAHASSEE, FLORIDA



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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Notes E. Jutkiewicz

1/7/0)

941-262-3311