2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001134

Entity Name: JAGUAR BASEBALL BOOSTER CLUB INC.

Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17189 SHERIDAN STREET PEMBROKE PINES, FL 33331

Current Mailing Address: New Mailing Address:

17189 SHERIDAN STREET PEMBROKE PINES, FL 33331

FEI Number: 57-1201679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUCHS, JAMES 856 NW 164 AVE PEMBROKE PINES, FL 33028 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

OFFICERS AND DIRECTORS:

SIGNATURE: JAMES FUCHS Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WILLIAMS, COLLEN EXPOSITO, MADDY Name: Name: 583 NW 159 AVE. Address: 17189 SHERIDAN ST. Address:

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33026

(X) Change () Addition Title: TD () Delete Title:

Name: WILLIAMS, JOE Name: SEIDNER, MARGO Address: 583 NW 159 AVE. Address: 17189 SHERIDAN ST.

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete Title: (X) Change () Addition

FUCHS, JAMES Name: FUCHS, JAMES Name: 856 NW 164 AVE. 856 NW 164 AVE. Address: Address:

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FUCHS **TRES** 01/31/2006