2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001134

Entity Name: JAGUAR BASEBALL BOOSTER CLUB INC.

FILED Oct 15, 2007 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 MESA, ELIZABETH 856 NW 164 AVE. 20106 NW 9TH DRIVE

PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33029 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.

SIGNATURE: ELIZABETH MESA 10/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:EXPOSITO, MADDYName:MESA, ELIZABETHAddress:17189 SHERIDAN ST.Address:17189 SHERIDAN ST.

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33331

Title: VP () Delete Title: T (X) Change () Addition Name: SEIDNER, MARGO Name: REDDING, TIM

Name:SEIDNER, MARGOName:REDDING, TIMAddress:17189 SHERIDAN ST.Address:17189 SHERIDAN ST.

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33331

Title:T() DeleteTitle:S(X) Change () AdditionName:FUCHS, JAMESName:HOLLNAGEL, ANN MARIEAddress:856 NW 164 AVE.Address:17189 SHERIDAN STREET

Address: 856 NW 164 AVE. Address: 17189 SHERIDAN STREET
City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33331

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH MESA PRES 10/15/2007