


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 FEB 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001134 1. Entity Name JAGUAR BASEBALL BOOSTER CLUB INC.	
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Principal Place of Business 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331	Mailing Address 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



4. FEI Number 57-1201679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESA, ELIZABETH 20106 NW 9TH DRIVE PEMBROKE PINES, FL 33029	7. Name and Address of New Registered Agent Name GARY D. SPENCER Street Address (P.O. Box Number is Not Acceptable) 310 NW 204 AVE City PEMBROKE PINES FL Zip Code 33029

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gary D. Spencer, **GARY D. SPENCER, PRESIDENT 2/16/09**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	P
NAME	MESA, ELIZABETH <input checked="" type="checkbox"/> Delete	NAME	GARY D. SPENCER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17189 SHERIDAN ST.	STREET ADDRESS	310 NW 204 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33331	CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	T <input type="checkbox"/> Delete	TITLE	800144410778 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDING, TIM	NAME	02/25/09--01027--005 **122.50
STREET ADDRESS	17189 SHERIDAN ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33331	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLNAGEL, ANN MARIE	NAME	SMARIEM GARCIA
STREET ADDRESS	17189 SHERIDAN STREET	STREET ADDRESS	1999 SW 3 PL
CITY-ST-ZIP	PEMBROKE PINES, FL 33331	CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KATHERINE TUCKER-FADUL
STREET ADDRESS		STREET ADDRESS	220 NW 204 AVE
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: Gary D. Spencer 2/16/09 954-347-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GARY D. SPENCER