2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#731689

FILED Oct 24, 2007 Secretary of State

Entity Name: TOWN & COUNTRY PONY BASEBALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 7301 BASEBALL AVE TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** PO BOX 260626 TAMPA, FL 33685 FEI Number: 06-1849003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: PANTELIODIS, LISA E T PANTELIODIS, LISA E T 7301 BASEBALL AVE 7301 BASEBALL AVE PO BOX 260626 TAMPA, FL 33685 TAMPA, FL 33685 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: LISA E PANTELIODIS 10/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HAHN, JOE Name: Name: Address: 7301 BASEBALL AVE Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: WVPT () Delete Title: () Change () Addition Name: SHIVES, LAURA Name: Address: 7301 BASEBALL AVE Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change () Addition PANTELIODIS, LISA Name: Name: 7301 BASEBALL AVE Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: ED () Delete Title: () Change () Addition Name: MILLER, COLE Name: 7301 BASEBALL AVENUE Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip:

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: LISA PANTELIODIS T 10/24/2007