PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 MAY 17 PM 12:07

DOCUMENT # F10000019647

1 Corporation Name
The Baseball Factory Inc.

400365516404
05/17/21--01009--002 **908.75

2. Principal Office Address - No P O Box #	3 Mailing Office Address
7135 Minstrel Way	7135 Minstrel Way
Suite, Apt #, etc: Ste 102	Suite, Apt #, etc: Ste 102
City & State: Columbia, MD	City & State: Columbia, MD
Zip: 21045 Country: USA	Zip: 21045 Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: 04/26/2010

5 FEI Number: 52-1884302 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name: Daniel Mooney

Street Address (P O Box Number is Not Acceptable): 2561 Stratford Pointe Dr

Suite, Apt #, Etc:

City: West Melbourne State: FL Zip Code: 32904

8 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F S

Signature of Registered Agent: Daniel J. Mooney Date: 5/11/21

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VCT	Stephen Sclafani	7135 Minstrel Way, Suite 102	Columbia, MD 21045
CPS	Robert Naddelman	7135 Minstrel Way, Suite 102	Columbia, MD 21045
D	Craig Brown	7135 Minstrel Way, Suite 102	Columbia, MD 21045
D	E. Magruder Passano	7135 Minstrel Way, Suite 102	Columbia, MD 21045

REINSTATEMENT

MAY 17 2021

10. **E-mail Address:** finance@factoryathletics.com
(To be used for future annual report notification)

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 filing 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 , and that all fees owed by the corporation have been paid I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

SIGNATURE: 5/11/21 443-527-3462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #