

LD2000017541

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LIMITED LIABILITY REINSTATEMENT

PENSACOLA PROFESSIONAL BASEBALL, LLC

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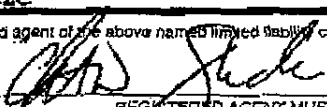
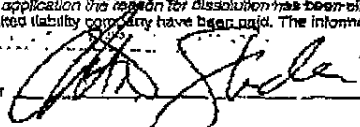
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000017541 1. Limited Liability Company's Name PENSACOLA PROFESSIONAL BASEBALL, LLC			
2. Principal Office Address 913 Gulf Breeze Parkway Suite, Apt. #, etc. Suite 6 City & State Gulf Breeze, FL Zip Country 32561 US		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 7/12/02 6. FEI Number 36-4501787 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Quinton D. Studer Street Address (P.O. Box Number is Not Acceptable) 913 Gulf Breeze Parkway Suite, Apt. #, Etc. Suite 6 City Gulf Breeze State Zip Code FL 32561			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 11-4-05 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Quinton D. Studer	913 Gulf Breeze Parkway	Gulf Breeze, FL 32561
MGRM	Mary P. Studer	913 Gulf Breeze Parkway	Gulf Breeze, FL 32561
11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.403, F.S., and that all taxes owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager  Date 11-4-05 Overtime Phone # 850-934-1099 Typed or printed name of signing Managing Member/Manager Quinton D. Studer, Managing Member			