

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
L02000029405

FILED
03 DEC 12 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029405

Name and Mailing Address

0010312 01 AT 0.292 **AUTO H8 0 0615 33801-560711

MOCS BASEBALL CAMPS, LLC

C/O PETER E. MEYER

111 LAKE HOLLINGSWORTH DRIVE
LAKELAND FL 33801-5607



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/05/2002	
Principal Place of Business C/O PETER E. MEYER 111 LAKE HOLLINGSWORTH DRIVE LAKELAND FL 33801	3. New Principal Place of Business Address C/O PETER E. MEYER City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent JET SPORTS MANAGEMENT C/O B.B. ABBOTT 3514 WEST OBISPO STREET TAMPA FL 33629	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 [Signature] **SIGNATURE REQUIRED** Date 12/8/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MYER, PETER E	111 LAKE HOLLINGSWORTH DRIVE	LAKELAND FL 33801

500025453615
12/12/03 01013 016 **150.00

REINSTATEMENT 2003
12/19/03

12. I certify that I am 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 [] has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees 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 [Signature] **SIGNATURE REQUIRED** Date 12/8/03 Daytime Phone 883-581-0288

Typed or printed name of signing Managing Member/Manager