PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	74.C)	09 AUG 26 AU		
DOCUMENT # LO 5000 08853 1. Limited Liability Company's Name Nex+ Level Baseball, LLC				09 AUG 26 AN 10:00 4001597361174 08/19/09-01037-021 **421.25		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (10/08)		
1425 Village Square Blud 1425		Village Square Blud	4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #			Florida U.S.			
2			5. Date Organized or Qualified To Do Business in Florida			
City & State			6. FEI Numb	6. FEI Number Applied Fo		
Tallahassee, FL Zip Country	ZID	nassee, FL Country		14860	Not Applicable	
32312 0.5	3231	.	CERTIFICATE OF STATUS DESIRED (\$\infty\$) 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent				· · · ·		
Michael P. Bist			A \$100 reinstatement fee is imposed, except			
Street Address (P.O. Box Number is Not Acceptable)				in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.		
1300 Thomaswood Dr Suite, Apt. #, Etc.						
N/A						
Tallahassee	State Zip Code FL 32312					
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 REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM Titus Sports Academy, LLC		H25 Village Square	BIVA	Tallahassee, F	32312	
REINSTATEMENT S. HAWKES						
2007-09 A			AUG 2 6 20	UG 2 6 2009		
		EXAMINER				
11. 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 filling this reinstatement application the reason for dissolution 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 Date 3/12/09 Daytime Phone # 850-671-3278						
Typed or printed name of signing Managing Member/Manager						