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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000055378

1. Limited Liability Company's Name
PRO BASEBALL INSIDER, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8292 NASHUA DRIVE	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS	City & State
Zip: 33418 Country: USA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 9/27/2013

6. FEI Number: 46-1016643 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 2013-2014

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Connie Burgan Date: 10/23/2014
REGISTERED AGENT MUST SIGN Michael Mirrione

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Douglas Bernier	8292 NASHUA DRIVE	PALM BEACH GARDENS, FL 33418
Manager	Sara Bernier	8292 NASHUA DRIVE	PALM BEACH GARDENS, FL 33418

11. E-mail Address: Sarah@probaseballinsider.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on the 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Sarah Bernier Date: 10/20/14 Daytime Phone #: 305 264 3006

Typed or printed name of signing Authorized Representative/Manager: Sarah Bernier

FL110 - 01/29/2014 Walters Kluwer Online

OCT 23 2014
M. WILLIAMS

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
PRO BASEBALL INSIDER, LLC

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