

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002966

FILED
Nov 14, 2008
Secretary of State

Entity Name: TITANS BASEBALL CLUB, INC.

Current Principal Place of Business:

13336 N.W. 5TH TERRACE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

13336 N.W. 5TH TERRACE
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-1004440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NETO, MAGALY C
13336 N.W. 5TH TERRACE
MIAMI, FL 33182 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAGALY C NETO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NETO, MAGALY C
Address: 13336 N.W. 5TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: VD () Delete
Name: NETO, JOAQUIN N
Address: 13336 N.W. 5TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: STD () Delete
Name: PERAITA, BRISEIDA
Address: 13336 N.W. 5TH TERRACE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: GALVEZ, BARBARA
Address: 13336 N.W. 5TH TERRACE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGALY C NETO

PD

11/14/2008

Electronic Signature of Signing Officer or Director

Date