PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01000004608

1. Corporation Name

~~Lakeland Tornadoes Baseball~~

Lakeland Tornadoes Baseball

REINSTATEMENT

200325257052
-05/03--01013--025 **236.25

2. Principal Office Address	3. Mailing Office Address
2014 Emerald Ridge DR	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Fl	City & State: Same
Zip: 33813 Country: U.S.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1-30-2002

5. FEI Number: 59-3732311 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steve Doyle

Street Address (P.O. Box Number is Not Acceptable): 2014 Emerald Ridge DR

Suite, Apt. #, Etc.:

City: Lakeland State: FL Zip Code: 33813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Steve Doyle Date: 12-01-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Steve Doyle	2014 Emerald Ridge DR	Lakeland, Fl 33813
V/D	Paul Kelly	1118 Brighton way	Lakeland, Fl 33813
S/D	Becky Doyle	2014 Emerald Ridge DR	Lakeland, Fl 33813

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Steve Doyle 12-01-03 (863) 698-6153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #