2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000708

Entity Name: CANTONMENT BASEBALL CLUB, INC.

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

WELL LINE ROAD CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

P O BOX 364 CANTONMENT, FL 32533

FEI Number: 30-0032215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, MARY J SMITH, MILISSA L
1135 WATER OAKS TRAIL
CANTONMENT, FL 32533 US SMITH, MILISSA L
1325 PHALROSE LANE
CANTONMENT, FL 32533 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: MILISSA SMITH 02/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SMITH, JEFF
 Name:
 SMITH, JEFF

 Address:
 COUNTRY HILLS DR
 Address:
 COUNTRY HILLS DR

 City-St-Zip:
 MOLCHO, FL
 City-St-Zip:
 MOLINO, FL

Title: VD () Delete Title: VP (X) Change () Addition Name: VAUGHN, ROBERT Name: MARTIN, JACK

Address: RONDA ST 432 Address: COUNTRY HILLS DRIVE

City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: MOLINO, FL

Title: SD () Delete Title: SEC (X) Change () Addition Name: HUNTER, JUDY Name: HUNTER, JUDY

Address: DEERFOOT LANE
City-St-Zip: CONTONMENT, FL 32533

Address: DEERFOOT LANE
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete Title: TREA (X) Change () Addition

 Name:
 WILLIAMS, JANET
 Name:
 SMITH, MILISSA

 Address:
 1135 WATER OAKS TR
 Address:
 1325 PHALROSE LANE

 City-St-Zip:
 CANT, FL 32533
 City-St-Zip:
 CANT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILISSA L. SMITH TREA 02/04/2005