2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED SECREJARY OF STATE DOCUMENT # N03000009543 DIVISION OF CORPORATIONS PINELLAS FAST PITCH SOFTBALL, INC. 07 DEC 31 AM II: 55 Principal Place of Business Mailing Address 4100 66 AVE N 4100 66 AVE N PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4100 66th Ave N P.O. Box 1186 Suite, Apt. #, etc. Suite, Apt. #, etc. 12132007 REIN-NP CR2E099 (1/07) 4. FEI Number 21-2528396 City & State City & State Applied For Pinellas Park inellas Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent anie GAMACHE, MATTHEW Address (P.O. Box Number is Not Acceptable) 7975 BELCHER RD PINELLAS PARK, FL 33781 City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Melanie FILE NOW!!! FEE IS \$236.25 Make check payable to After January 1, 2008, Fee will be \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Melanie Cottle 7298 Ulmerton Road #612 Largo FL 33771 TITLE Delete TITLE Change ■ Addition NAME GAMACHE, MATTHEW NAME 7975 BELCHER RD STREET ADORESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition Kathy King 10419 UBth Avenue N. Seminole FL 33772 NAME THAYER, TRACY A NAME STREET ADDRESS 5840 91 AVE STREET ADDRESS CiTY-ST-7IP PINELLAS PARK, FL 33782 CITY-ST-ZIP 🗷 Delete TITLE TITLE Change ☐ Addition NAME STEWART, PATSY NAME Kerri Obrien STREET ADDRESS 7164 49TTH AVE STREET ADDRESS 11077 59th Street 33782 Pinellas Park FL 33782 CITY-ST-ZIP ST. PETERSBURG, FL 33709 City-St-76 TITLE TITLE Delete Change Addition NAME NAME **800113551**228 01/02/08--01034--009 ***236,25 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment

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