


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 25 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001134 1. Entity Name JAGUAR BASEBALL BOOSTER CLUB INC.	
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Principal Place of Business 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331	Mailing Address 17189 SHERIDAN STREET PEMBROKE PINES, FL 33331
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 57-1201679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESA, ELIZABETH 20106 NW 9TH DRIVE PEMBROKE PINES, FL 33029	7. Name and Address of New Registered Agent Name GARY D. SPENCER Street Address (P.O. Box Number is Not Acceptable) 310 NW 204 AVE City PEMBROKE PINES FL Zip Code 33029

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 Gary D. Spencer, **GARY D. SPENCER, PRESIDENT 2/16/09**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P MESA, ELIZABETH	<input checked="" type="checkbox"/> Delete		TITLE	P GARY D. SPENCER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17189 SHERIDAN ST.			STREET ADDRESS	310 NW 204 AVE		
CITY-ST-ZIP	PEMBROKE PINES, FL 33331			CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE	T REDDING, TIM	<input type="checkbox"/> Delete		TITLE	800144410778	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17189 SHERIDAN ST.			STREET ADDRESS	02725709--01027--005 **122.50		
CITY-ST-ZIP	PEMBROKE PINES, FL 33331			CITY-ST-ZIP			
TITLE	S HOLLNAGEL, ANN MARIE	<input checked="" type="checkbox"/> Delete		TITLE	S SMARIEM GARCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	17189 SHERIDAN STREET			STREET ADDRESS	1999 SW 3 PL		
CITY-ST-ZIP	PEMBROKE PINES, FL 33331			CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Delete		TITLE	V KATHERINE TUCKER-FADUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	220 NW 204 AVE		
CITY-ST-ZIP				CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing 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 with an address, with all other I am empowered.

SIGNATURE: Gary D. Spencer **GARY D. SPENCER** 2/16/09 954-347-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #