2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N04000005952 1. Entity Name CYPRESS BAY SOFTBALL BOOSTER CLUB, INC. 07 JAN -2 AM 9: 19 Principal Place of Business Mailing Address REINSTATEMENT 06 229 CAMERON DR 229 CAMERON DR WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 6401 Crossbaw Ct. 3. Mailing Address 6401 Crossbow Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. 10122006 REIN-NP CR2E099 (11/05) Davie, FL 4. FEI Number 20-1251137 City & State Applied For Davie Not Applicable 2ip 33331 Broward Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steve Miller CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 6401 Crossbow Ct. cit Davie 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. Steve Miller Director FILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE Delete TITLE Change ■ Addition Barbara Labriola MEDINTZ, JEFFREY NAME NAME 5821 SW 199 Ave. Pembroke Pines, FL 3333a 229 CAMERON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Delete TITLE Change ■ Addition Laina Daniels 14971 Featherstone Way Davie, FL 33331 STEFFEN, MADELYN NAME NAME STREET ADDRESS 229 CAMERON DR STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Delete TILE TITLE M Change Addition steve Miller 6401 Crossbow Ct. JACOB, BILL NAME NAME 229 CAMERON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Davie, FL 33331 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME 20009290924; 01/02/07--01049--008 ** STREET ADDRESS STREET ADDRESS **70.00 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADORESS: 2: STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP 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 like empowered. SIGNATURE: