

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 SEP 14 PM 3:53

REINSTATEMENT



09132008 REIN-NP CR2E099 (11/05)

DOCUMENT # N04000008717			
1. Entity Name MIAMI-DADE BASEBALL LEAGUE, CORP.			
Principal Place of Business 21358 SW 112TH AVE MIAMI, FL 33189		Mailing Address 21358 SW 112TH AVE MIAMI, FL 33189	
2. Principal Place of Business 21380 SW 112th Ave		3. Mailing Address 21380 SW 112th Ave	
Suite, Apt. #, etc. #104		Suite, Apt. #, etc. #104	
City & State Miami, FL		City & State Miami, FL	
Zip 33189	Country USA	Zip 33189	Country USA
6. Name and Address of Current Registered Agent AVILES, LESTER 21358 SW 112TH AVE #110 MIAMI, FL 33189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 21380 SW 112 Ave #104 City Miami FL Zip Code 33189	
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 		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 NAME STREET ADDRESS CITY-ST-ZIP	D AVILES, LESTER 21358 SW 112TH AVE #110 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21380 SW 112th Ave #104 Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEGIAL, MARVIN 3143 SW 21ST ST MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500079945805 09/19/06--01032--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADILLO, GUSTAVO 10840 SW 3RD ST MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500079945805 09/19/06--01032--006 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		Date Daytime Phone #	