


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

3/29/07 90031 014 \$61.25

DOCUMENT # N05000004478		
1. Entity Name SANDLOT BASEBALL CLUB OF SOUTH FLORIDA, INC.		

FILED

07 MAY 31 PM 3:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business % RAMON CARBALLO 1535 NW 103RD TERRACE CORAL SPRINGS, FL 33071	Mailing Address % RAMON CARBALLO 1535 NW 103RD TERRACE CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # 10671 NW 51 st St.	3. Mailing Address 10671 NW 51 st St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT 06-07
REINSTATEMENT OF 2006 (107)

City & State Coral Springs FL	City & State Coral Springs FL
Zip 33076	Zip 33076
Country US	Country US

4. FEI Number 20-2768542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARBALLO, RAMON 1535 NW 103RD TERRACE CORAL SPRINGS, FL 33071	
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7. Name and Address of New Registered Agent Name Anne H. Gottfried Street Address (P.O. Box Number is Not Acceptable) 10671 NW 51 st St. City Coral Springs FL Zip Code 33076	
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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 <u>Anne H. Gottfried</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Anne H. Gottfried</u> (NOTE: Registered Agent signature required when reinstating)	<u>5/26/07</u> DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBALLO, RAMON 1535 NW 103RD TERRACE CORAL SPRINGS, FL 33071 <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	D GOTTFRIED, ANNE 10671 NW 51 ST CORAL SPRINGS, FL 33076 <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	D INDIA, ELIZABETH 12456 NW 50 PLACE CORAL SPRINGS, FL 33076 <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
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

Handwritten signature/initials

200104255002
06/12/07--01012--001 **\$61.25

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: <u>Anne H. Gottfried</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>5/26/07 (954)263-6522</u> Date Daytime Phone #
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