## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000010116

Title:

Entity Name: MIRACLE LEAGUE OF FLORIDA, INC.

() Delete

FILED Sep 21, 2006 Secretary of State

() Change () Addition

Current Principal Place of Business:	New Principal Place of Business:
15023 GULF BLVD. MADEIRA BEACH, FL 33708	13200 3RD STREET EAST SUITE 1 MADEIRA BEACH, FL 33708
Current Mailing Address:	New Mailing Address:
PO BOX 8412 MADEIRA BEACH, FL, 33738	PO BOX 8412 MADEIRA BEACH, FL, FL 33738
FEI Number: FEI Number Applied For (X) FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Name and Address of Current Registered Agent:	nber Not Applicable()   Certificate of Status Desired() he prior notice. Name and Address of New Registered Agent:
LEE, EDWIN A 15023 GULF BLVD MADEIRA BEACH, FL 33708 US	LEE, EDWIN A 13200 3RD STREET EAST SUITE 1 MADEIRA BEACH, FL 33708 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: EDWIN A. LEE	09/21/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

LEE, EDWIN A Name: Name: Address: 15023 GULF BLVD. Address: City-St-Zip: City-St-Zip: MADEIRA BEACH, FL 33708 Title: Title: () Change () Addition ( ) Delete Name: LEE, LEON T Name: Address: 14018 WEST PARSLEY Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: Title: () Delete Title: SEC ( ) Change (X) Addition MIKSCH, DIANE Name: Name: 4615 GULF BLVD.SUITE 201 Address: Address: City-St-Zip: City-St-Zip: ST. PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN A. LEE PRES 09/21/2006