

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009275

FILED
Oct 27, 2009
Secretary of State

Entity Name: DOGPACK BASEBALL, INCORPORATED

Current Principal Place of Business:

10510 SW 122ND STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

9429 SW 47TH LN
GAINESVILLE, FL 32608

Current Mailing Address:

10510 SW 122ND STREET
GAINESVILLE, FL 32608

New Mailing Address:

9429 SW 47TH LN
GAINESVILLE, FL 32608

FEI Number: 20-5533192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUVALL, JOHN E
225 WATER STREET
SUITE 710
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SALLY KAY, MCNITT
9429 SW 47TH LN
GAINESVILLE, FL 32608 US

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.

SIGNATURE: SALLY KAY MCNITT

10/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, THOMAS BRIAN
Address: 10510 SW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: RUTH, RICHARD
Address: 3794 SW 56TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Delete
Name: JOHNSON, KATHY
Address: 432 EAST COUNTRY CLUB DRIVE
City-St-Zip: WILLISTON, FL 32696

Title: S (X) Delete
Name: BARRON, MELISSA
Address: 270 NE CR337
City-St-Zip: TRENTON, FL 32693

Title: D (X) Delete
Name: BARRON, MIKE
Address: 270 NW CR 337
City-St-Zip: TRENTON, FL 32693

Title: D (X) Delete
Name: RUTH, SHARON
Address: 3794 SW 56TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARRON, MIKE
Address: 270 NE CR337
City-St-Zip: TRENTON, FL 32693

Title: VP (X) Change () Addition
Name: MCNITT, SALLY KAY
Address: 9429 SW 47TH LN
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SALLY KAY MCNITT

VP

10/27/2009

Electronic Signature of Signing Officer or Director

Date