2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010250

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FILED Jan 28, 2009 Secretary of State

Entity Name: ORLANDO FLAMES SOFTBALL INC. **Current Principal Place of Business: New Principal Place of Business:** 1200 STONE ST OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** 1200 STONE ST OVIEDO, FL 32765 FEI Number: 26-1285002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WORRELL, BEVERLY 1200 STONE ST OVIEDO, FL 32765 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: BEVERLY WORRELL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WORRELL, BEVERLY Name: Name: 1200 STONE ST Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WORRELL, DAVID Name: Address: 1200 STONE ST Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHANDLER, DAVE Name: MOORE, ROBERT Name: 308 EAST HIGHLAND ST Address: 1220 JAMOJO BLVD Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: (X) Change () Addition Name: WALKER, DENISE Name: WORRELL, CRYSTAL 1200 STONE STREET Address: 1541 OAK LANE Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change (X) Addition ALDRICH, DALE Name: Name: 7315 COOK LANE Address: Address: City-St-Zip: City-St-Zip: WINTER PARK, FL 32792

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: BEVERLY WORRELL D 01/28/2009