N10000001255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 16 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. DCD 155
07/19/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Team Hammer Baseball, Inc.

DOCUMENT NUMBER: N10000001255

The enclosed ***Articles of Revocation of Dissolution*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lane
Name of Contact Person

Team Hammer Baseball, Inc.
Firm/Company

5650 Canvasback Court
Address

Lakeland, FL 33805
City/State and Zip Code

dlbldl@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lane at (863) 286-5563
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☑ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is Team Hammer Baseball, Inc.

SECOND: The document number of the corporation (if known) is N10000001255.

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 7/12/2010.

FOURTH: The revocation of dissolution was authorized on 7/12/2010.

FIFTH: Adoption of revocation of dissolution (check one)

- ☐ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☑ The members revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.
- ☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

SIXTH: A copy of the Articles of Dissolution is attached.

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TALLAHASSEE, FLORIDA

Signature _____
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name David Lane

Title President/Team Manager

FILING FEE $35

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Team Hammer Baseball, Inc.

SECOND: The document number of the corporation (if known): N10000001255

THIRD: The file date of the articles of incorporation: Feb. 5, 2010

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☑ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

10 JUN -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Karen L. McKown

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Karen L. McKown
(Typed or printed name of person signing)

Secretary / Treasurer
(Title of person signing)

Filing Fee: $35