

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000006414

**FILED**  
**Oct 10, 2012**  
**Secretary of State**

**Entity Name:** PRO PERFORMANCE TRAVEL BASEBALL, INC.

**Current Principal Place of Business:**

8547 SHAWEE WAY  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

8547 SHAWEE WAY  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CELLI, MICHAEL  
8547 SHAWEE WAY  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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: MICHAEL CELLI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CELLI, MICHAEL  
Address: 8547 SHAWEE WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: D  
Name: MOSER, TODD  
Address: 5661 NE 7TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D  
Name: CELLI, ALFRED JR.  
Address: 511 SW 72 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CELLI

D

10/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date