2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003507

FILED Aug 31, 2008 Secretary of State

Entity Name: FORT MCCOY LITTLE LEAGUE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1287 14051 E HWY 316

CITRA, FL 32113 FORT MCCOY, FL 32134

Current Mailing Address: New Mailing Address:

PO BOX 1287 PO BOX 175

CITRA, FL 32113 FORT MCCOY, FL 32134

FEI Number: 21-9807958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

 HERN, LORI M
 RUGGIREO, MICHAEL J

 17860 NE 45TH AVE. RD.
 16688 NE 47TH TER

 CITRA, FL 32113
 US

 CITRA, FL 32113
 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: MICHAEL J. RUGGIREO 08/31/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 HERN, LORI
 Name:
 RUGGIREO, MICHAEL J

 Address:
 P.O. BOX 1287
 Address:
 P.O. BOX 175

City-St-Zip: CITRA, FL 32113 City-St-Zip: FORT MCCOY, FL 32134

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 EASTMAN, SANDY
 Name:
 SINCLAIR, RUSTY

 Address:
 PO BOX 1287
 Address:
 PO BOX 175

City-St-Zip: CITRA, FL 32113 City-St-Zip: FORT MCCOY, FL 32134

Title: TD () Delete Title: TD (X) Change () Addition Name: AXSON, MICHELLE Name: SCHAUT, DIANE

Address: P.O. BOX 1287 Address: P.O. BOX 175

City-St-Zip: CITRA, FL 32113 City-St-Zip: FORT MCCOY, FL 32134

Title: () Delete Title: SEC () Change (X) Addition

Name: Name: EVANS, STACY
Address: Address: P.O. BOX 175

City-St-Zip: City-St-Zip: FORT MCCOY, FL 32134

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: MICHAEL J. RUGGIREO PD 08/31/2008

Electronic Signature of Signing Officer or Director

Date