2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006344

FILED Jun 30, 2008 Secretary of State

Entity Name: PARKLAND COMPETITIVE SOCCER CLUB, INC.

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

3111 UNIVERSITY DR 3111 UNIVERSITY DR

CORAL SPRINGS, FL 33065 111

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

3111 UNIVERSITY DR 3111 UNIVERSITY DR

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

WALLACE, DELROY P 3111 UNIVERSITY DRIVE, SUITE 111 CORAL SPRINGS, FL 33065

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: DELROY WALLACE

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WALLACE, DELROY WALLACE, DELROY Name: Name: 5124 NW 66TH LANE Address: 3080 HOLIDAY SPRINGS BLVD # 301 Address:

City-St-Zip: PARKLAND, FL 33067 City-St-Zip: MARGATE, FL 33063

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

Name: WALLACE, CRAIG R Name: Address: 5124 NW 66 LANE Address: City-St-Zip: POMPANO BEACH, FL 33067 City-St-Zip:

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

BRAATHEN, JOANNE C Name: Name: Address: 11544 NW 6 PLACE Address: City-St-Zip: CORAL SPRINGS, FL 33071 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: DELROY WALLACE D 06/30/2008