PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****350.00 ****306.25

REINSTATEMENT 0001

1. Corporation Name
Parkland Traveling Baseball Club, Inc.

2. Principal Office Address	**3.** Mailing Office Address
Suite, Apt. #, etc. 7301 Dover Lane	Suite, Apt. #, etc.
City & State Parkland FL	City & State Parkland, FL
Zip 33067 Country USA	Zip 33067 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5-25-1999

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steve Stonestreet

Street Address (P.O. Box Number is Not Acceptable): 6440 N.W. 98th Lane

Suite, Apt. #, Etc.:

City: Parkland | State: FL | Zip Code: 33067

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 9-6-01

REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer Director	Peter J. Manso	7301 Dover Lane	Parkland, FL 33067
Officer Director	Steve Stonestreet	6440 N.W. 98th Lane	Parkland, FL 33076
Officer Director	Steve Stonestreet	6440 N.W. 98th Lane	Parkland, FL 33076
Officer Director	Peter J. Manso	7301 Dover Lane	Parkland, FL 33067
Director	Les Liese	6911 Annapolis Ct.	Parkland FL 33067

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Peter J. Manso, President

SIGNATURE: /s/ Manso 9-6-2001 (954)263-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #