PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 21 AM 11:46

DOCUMENT #

1. Corporation Name
Parkland Traveling Baseball Club, Inc.

N99000003233

REINSTATEMENT 02-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
7301 Dover Lane	7301 Dover Lane
Suite, Apt. #, etc.	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: 65-1137042 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Peter J. Manso

Street Address (P.O. Box Number is Not Acceptable): 7301 Dover 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: P Manso — Date: 3-20-06

REGISTERED AGENT MUST SIGN

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
P President	Peter J. Manso	7301 Dover Lane	Parkland, FL 33067
V Vice President	Les Liese	5911 Angolis Ct.	Parkland, FL 33067
S Secretary	Peter Koval	6126 NW 120th Ter	Coral Springs, FL 33076
T Treasurer	Peter J. Manso	7301 Dover Lane	Parkland, FL 33067
		300069956223 04/10/06--01059--004 **481.25	
		300069956223 04/10/06--01059--005 **8.75	

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 contained in Chapter 119, 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.

SIGNATURE: P Manso — 3-20-2006 — (954) 265-8225

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

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