PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
Annual UBR Report 2001

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

FILED
SECRETARY OF STATE
01 MAY -3 AM 8:39

DOCUMENT # N99000006254

not For Profit corp.

1. Corporation Name

Hurricanes Baseball Club, Inc.

2. Principal Office Address	**3.** Mailing Office Address
10896 Lippizan Drive	10896 Lippizan Drive
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32257 / Country: USA	Zip: 32257 / Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3595634 — 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: Stephen Maulbetsch

Street Address (P.O. Box Number is Not Acceptable): 10896 Lippizan Drive

Suite, Apt. #, Etc.

400004288254--4
-05/22/01--01125--008
*****61.25 *****61.25

City: Jacksonville, Fl. — State: FL — Zip Code: 32257

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: 4-6-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	Stephen Maulbetsch - D	10896 Lippizan Dr.	Jacksonville, Fl. 32257
VP/D	Mike Hurley - D	12562 Dunraven Tr.	Jacksonville, Fl 32223
Tres./D	Richard Williams - D	4958 Maybank Way	Jacksonville, Fl. 32228
S/D	Susan Maulbetsch - D	10896 Lippizan Dr.	Jacksonville, Fl. 32257
			AD

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.

SIGNATURE: Richard B. Williams — 4/2/01 — 904 641-3384

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