

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000122993

FILED
Sep 30, 2008
Secretary of State

Entity Name: DOUBLE PLAY INVESTMENTS, INC.

Current Principal Place of Business:

720 WATERFALH CR.
DELTONA, FL 32725

New Principal Place of Business:

293 SOUTH ST
FERN PARK, FL 32730

Current Mailing Address:

P.O. BOX 5443
DELTONA, FL 32725

New Mailing Address:

293 SOUTH ST
FERN PARK, FL 32730

FEI Number: 54-2096581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARNSWORTH, THOMAS D
720 WATERFALH CR.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

JAMES, WILLIAM R
293 SOUTH ST
FERN PARK, FL 32730 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: WILLIAM R JAMES

09/30/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JAMES, WILLIAM
Address: 293 SOUTH ST
City-St-Zip: FERN PARK, FL 32730

Title: V () Delete
Name: FARNSWORTH, THOMAS D
Address: 1026 E GAUCHO CR
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: JAMES, JODY
Address: 293 SOUTH ST
City-St-Zip: FERN PARK, FL 32730

Title: TR () Delete
Name: FARNSWORTH, BARBARA
Address: 1026 E GAUCHO CR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAMES, WILLIAM R
Address: 293 SOUTH ST
City-St-Zip: FERN PARK, FL 32730

Title: VD (X) Change () Addition
Name: FARNSWORTH, THOMAS D
Address: 720 WATERFALL CIR
City-St-Zip: DELTONA, FL 32725

Title: STD (X) Change () Addition
Name: JAMES, JODY F
Address: 293 SOUTH ST
City-St-Zip: FERN PARK, FL 32730

Title: D (X) Change () Addition
Name: FARNSWORTH, BARBARA
Address: 720 WATERFALL CIR
City-St-Zip: DELTONA, FL 32725

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY F JAMES

SD

09/30/2008

Electronic Signature of Signing Officer or Director

Date