

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13 MAY 28 AM 11:11

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000029912					
1. Corporation Name Jupiter Hammerheads Baseball Club, Inc.					
2. Principal Office Address - No P.O. Box # 4751 Main Street Suite, Apt. #, etc.			3. Mailing Office Address 501 Marlins Way Suite, Apt. #, etc.		
City & State Jupiter, FL			City & State Miami, FL		
Zip 33458	Country USA	Zip 33125	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 04/22/1993	
5. FEI Number 650472934				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ Yes				\$375 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, etc.					
City Plantation			State FL	Zip Code 33324	
B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent <u>Connie Bryan</u> Connie Bryan Date <u>5/28/2013</u>					
REGISTERED AGENT MUST SIGN					
8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Chairman & CEO	Jeffrey H. Loria	19 East 72nd Street		New York, NY 10021	
President & Rep	David Samson	501 Marlins Way		Miami, FL 33125	
SVP & CFO	Michel Bussiere	501 Marlins Way		Miami, FL 33125	
REINSTATEMENT					
MAY 28 2013					
R. HUNT					
10. E-mail Address: <u>mbussiere@marlins.com</u>					
(To be used for future annual report submission)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.165, F.S.					
SIGNATURE:		<u>Michel Bussiere</u> Michel Bussiere		Date <u>5/28/13</u> 305-480-1320	
		SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OFFICER OR DIRECTOR		Date Daytime Phone #	

Division of Corporations

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Florida Department of State
Division of Corporations
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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6384

Please retain original filing
date of submission 5/28

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
JUPITER HAMMERHEADS BASEBALL CLUB, INC.

Certificate of Status	0
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MAY 28 2013

R. HUNT

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