

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006069

Limited Liability Company's Name

ADVANCED HOCKEY LLC
4110 NW 66TH AVE
CORAL SPRINGS FL 33067

REINSTATEMENT

2001-
2002

1. Principal Office Address

3. Mailing Office Address

4110 NW 66TH AVE

4110 NW 66TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Country

Zip

Country

33067

USA

33067

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/25/99

6. FEI Number

65-0946409

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GEORGE NUCCIO

Street Address (P.O. Box Number is Not Acceptable)

4110 NW 66TH AVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

10000837939
10/15/02-01059-029 **205.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

George Nuccio
REGISTERED AGENT MUST SIGN

Date 10/7/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
KRM	NUCCIO, GEORGE	4110 NW 66TH AVE	CORAL SPRINGS FL 33067

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

George Nuccio

Date 10/7/02

Daytime Phone # 954-255-2518

Typed or printed name of signing Managing Member/Manager

GEORGE NUCCIO