

M98000000970

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 2:45

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANYFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # M98000000970

Jacksonville Professional Hockey Club, LLC
P.O. Box 1506
Birmingham, AL 35201

1a. Principal Place of Business Address

1000 W. Bay Street
Jacksonville, FL 32204

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business

1000 W. Bay Street
Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 1506
Suite, Apt. #, etc.

3. Date Organized or Qualified

9/4/98

3a. State of Formation

Georgia

4. FEI Number

59-3524033

☐ Applied For☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

S.A. 25 Additional Fee Required ☐

City & State

Jacksonville, FL

City & State

Birmingham, AL

Zip

32204

Country

USA

Zip

35201

Country

USA

7. Name and Address of Current Registered Agent

Corporation Service Company
1201 W. Hays Street
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

MJH

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

Deborah D. Skipper

Deborah D. Skipper
as its agent

Date 10/27/99

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

David Berkman

1000 W. Bay Street

Jacksonville, FL 32204

MGRM

Charles Felix

1000 W. Bay Street

Jacksonville, FL 32204

MGRM

Bruce Burge

1000 W. Bay Street

Jacksonville, FL 32204

REINSTATEMENT 1999

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

Date

10/27/99

Daytime Phone # (205) 458-8833

Typed or printed name of signing Managing Member/Manager Charles Felix



ACCOUNT NO. : 072100000032

REFERENCE : 437136 4814233

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 150.00

ORDER DATE : October 27, 1999

ORDER TIME : 11:45 AM

300003026633--9

ORDER NO. : 437136-005

CUSTOMER NO: 4814233

CUSTOMER: Ms. Mara D. Buffington
Morris Manning & Martin
1600 Atlanta Financial Center
3343 Peachtree St, Northeast
Atlanta, GA 30326

DOMESTIC FILINGS

NAME: JACKSONVILLE PROFESSIONAL
HOCKEY CLUB, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
99 OCT 27 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA