

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000136

1. Corporation Name

REBEL TRAVELING HOCKEY TEAM,
INC.

700012459537
02/13/03--01032--020 **122.50

2. Principal Office Address

4870 NW 104 LN.

Suite, Apt. #, etc.

3. Mailing Office Address

4870 NW 104 LN.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

US

City & State

CORAL SPRINGS, FL

Zip

33076

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-00

5. FEI Number

650973040

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

GREGORY RITTER ESQ

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

7000 W. PALMETTO PARK RD

Suite, Apt. #, Etc.

SUITE 305

City

BOCA RATON

State

FL

Zip Code

33433

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

Date 2/10/03

REGISTERED AGENT MUST SIGN

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
D P/T	KEVIN OBYMAKO	4870 NW 104 LN.	CORAL SPRINGS, FL 33076
D VP/S	JOE LAROCO	5457 NW 118 AVE	CORAL SPRINGS, FL 33076
D S	BRIDGET LAROCO	5457 NW 118 AVE	CORAL SPRINGS, FL 33076
	02-03 UBR		

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:

KEVIN T. OBYMAKO 2-3-03 (954) 340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2675