

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 31 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000002790

1. Corporation Name

AVENTURA FIELD HOCKEY, INC.

2. Principal Office Address

19510 NE 17TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

US

3. Mailing Office Address

19510 NE 17TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33179

Country

US

REINSTATEMENT

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/01/2003

5. FEI Number

20-3698809

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

JAY L BORSKY

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

2742 BISCAYNE BLVD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

10-68-05

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
P	PABLO HOBERMAN	19510 NE 17TH AVE	MIAMI-FL-33179
VP	HERMAN ALTER	21117 NE 3RD CT	MIAMI, FL 33179-73
			11/15/05--01079--001 **122.50
			300061451373
			11/15/05--01079--001 **122.50

OCT 31 2005

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-68-05 786-393-8609

Daytime Phone #

2/2

AVENTURA FIELD HOCKEY, INC.
19510 NE 17TH AVENUE
MIAMI, FL 33179
TEL (786) 393-8609

10-28-05

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: N03000002790

To Whom It May Concern:

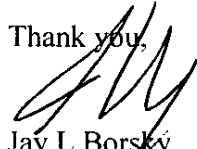
It has just come to my attention that the above referenced corporation has been dissolved for not filing its Uniform Business Report.

The corporation's address had changed and I never received the renewal documents.

As such, I have downloaded a blank Reinstatement form which I have filled out with the corporation's updated information.

Being that I never received the renewal documents, I would like to request an abatement of penalties associated with the reinstatement of the company.

Thank you,



Jay L Borsky
Registered Agent