

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
08 OCT -9 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04000004026

1. Corporation Name

DAVIE Youth Travel Hockey Association  
26

W080000043210

**REINSTATEMENT** 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

2682 RIVIERA CT

Suite, Apt. #, etc.

3. Mailing Office Address

2682 RIVIERA CT

Suite, Apt. #, etc.

City & State

Weston FL

Zip

33332

Country

USA

City & State

Weston, FL

Zip

33332

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1654792

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

HAROLD Robert Burg

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

2682 RIVIERA CT

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

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
Pres	H. Robert Burg	2682 RIVIERA CT,	Weston FL 33332
VP	DOUG SHAMON	3051 NE 5TH LN	Fort Lauderdale, FL 33309
Sec	Belinda Burg	2682 RIVIERA CT	Weston, FL 33332

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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 contained in Chapter 119, 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

9/22/08

Date

934.680.4607

Daytime Phone #

10/9