PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 28 AM 7:45

REINSTATEMENT 00-04

DOCUMENT # N94000000268

1. Corporation Name
South FLORIDA Youth Hockey Association, INC.

N94000018996

2. Principal Office Address	3. Mailing Office Address
12425 TAFT STREET	8358 W. OAKLAND Park BLVD
Suite, Apt. #, etc. — —	Suite, Apt. #, etc. Suite 105
City & State Pembroke Pines, FL	City & State SUNRISE, FL
Zip COR 33028 / Country USA	Zip 33351 / Country USA

100035763985
05/27/04--01073--012 **481.25

4. Date Incorporated or Qualified To Do Business In Florida 01/19/1994

5. FEI Number 650676760 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 Additional Fee required for a Certificate of Status

DOCL

7. Name and Address of Current Registered Agent

REINSTATEMENT 00-04

Name: Scott E. Rovenger

Street Address (P.O. Box Number is Not Acceptable): 8358 WEST OAKLAND PARK BLVD

200037331832
05/26/04--01022--006 **481.25

Suite, Apt. #, Etc.: Suite 105

City: SUNRISE | State: FL | Zip Code: 33351

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 4-30-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Rick Gardella	12425 TAFT STREET	Pembroke Pines, FL 33028
T	Scott E. Rovenger	8358 W. OAKLAND Park Ste 105, Sunrise, FL 33351	Sunrise, FL 33351
S	Debra Harper	15911 West Wind Circle	Weston, FL 33326
D	Gerry Glass	3970 Martin Ct	Weston, FL 33331
D	Lisa Dvorak	4055 Sanderling Lane	Weston, FL 33331
D	Dennis Schaeffer	4765 Leitner Drive West	West Coral Springs, FL 33067
D	Dirk Meister	11706 Spinnaker Way	Cooper City, FL 33026

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: Treiner 4-30-04 954-748-4607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #