

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 20 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004886**

1. Corporation Name

Tamarac Hockey Club

2. Principal Office Address

5807 N.W. 83rd Ave.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

Zip

33321

Country

Broward

3. Mailing Office Address

5807 N.W. 83rd Ave.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

Zip

33321

Country

Broward

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-94

5. FEI Number

650525556

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

Charlotte Ogden

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

5807 N.W. 83rd Ave.

Suite, Apt. #, Etc.

City

Tamarac,

State

FL

Zip Code

33321

8. I, being appointed the registered agent, have named, corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charlotte Ogden
REGISTERED AGENT MUST SIGN

Date

7/18/00

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. (D)	Kevin McDonald	811 N.W. 73rd Ave.	Tamarac, FL 33321
Vice Pres. (D)	Gina Stief	4447 N.W. 92 Terr.	Sunrise, FL
Sec. (D)	Charlotte Ogden	5807 N.W. 83 Ave.	Tamarac, FL 33321
Tres. (D)	Patricia Tennyson	5731 N.W. 55 Lane	Tamarac, FL 33319

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:

Charlotte Ogden (CHARLOTTE OGDEN)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/00

Daytime Phone #

**361-893
7300 ext:
8458**