


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001880

1. Corporation Name
San Carlos Park Roller Hockey Association, Inc.

2. Principal Office Address 17773 Oakmont Ridge Cir Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1315 Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Estero, FL	
Zip 33912	Country USA	Zip 33928	Country USA

REINSTATEMENT 97-04

100029407464
02/25/04--01070--006 **555.00

4. Date Incorporated or Qualified To Do Business in Florida 4/17/95

5. FEI Number 65-0558477 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
Amy Fitzgerald

Street Address (P.O. Box Number is Not Acceptable)
19068 Murcott Drive East, Fort Myers, FL 33912

Suite, Apt. #, Etc.

City Fort Myers, FL 33912 State FL Zip Code 33912

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 Amy Fitzgerald Date 2/13/04

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	Steve Opalensky	17773 Oakmont Ridge Cir.	Fort Myers, FL 33912
VP	Michael Howard	21193 Braxfield Loop	Estero, FL 33928
SEC	Jennifer Howard	21193 Braxfield Loop	Estero, FL 33928
TRES	Vaughn Cunningham	8409 Grove Road	Fort Myers, FL 33912

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: Steve Opalensky Steve Opalensky 2/13/04 239-481-3352

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

CR2E081 (10/02)