

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003150

1. Corporation Name

BAY AREA YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2720 DRANEFIELD ROAD
LAKELAND FL 33811

2720 DRANEFIELD ROAD
LAKELAND FL 33811

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10222 ELIZABETH PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33619

Country

U.S.

3. New Mailing Office Address, If Applicable

10222 ELIZABETH PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33619

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

06/29/1995

5. FEI Number

59-3320733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
SD	HABERL, LYNN	2233 MALICHITE DR	500002701075-5 -12/03/98-019 ****236.25 ****236.25 LAKELAND FL 33810
SD	RICKETTS, VICKI	3204 STEVENSON ST	PLANT CITY FL
TD	DEMICHAEL, KAREN	1710 CARSON DR.	LAKELAND FL 33809
PD	VOGEL, DANIEL C	2720 DRANEFIELD RD.	LAKELAND FL 33811
PD	PAUL GRUBER	1038 FRANKLAND ROAD	TAMPA, FL 33629
TD	FLORENCE STARLING	515 FULTON GREEN ROAD	LAKELAND, FL. 33809

8. Name and Address of Current Registered Agent

~~EDENFIELD, MICHAEL S ESQ~~
~~206 MASON ST~~
~~BRANDON FL 33511~~

9. Name and Address of New Registered Agent

Name **LYNN HABERL**
Street Address (P.O. Box Number is Not Acceptable)
2233 Malachite DR
Suite, Apt. #, Etc.

City

LAKELAND, FL

State

FL

Zip Code

33810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-19-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on Intangible tax)

12. 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:

M. LYNN HABERL - SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-98

Daytime Phone #

941-688-8158



REINSTATEMENT

98 NOV 23 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (9/98)