

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 2:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000003150

1. Corporation Name

BAY AREA YOUTH HOCKEY ASSOCIATION, INC.

2. Principal Office Address

10222 Elizabeth Pl.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

P.O. Box
~~5444~~ 969

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33509-0969

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/95

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. Name and Address of Current Registered Agent

Name

Lynn Haberl

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

2233 Malchite Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

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

Lynn Haberl

REGISTERED AGENT MUST SIGN

Date

5-15-2000

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	Larry Raike D	4202 Thistle Terr Ln	Valrico, FL 33594
T	Florence Starling D	515 Fulton Green Rd	Lakeland, FL 33809
S	Renee Gregory D	12518 Riverglen dr	Riverview, FL 33569
V	Kay Vogel D	6266 Forestwood Dr E	Lakeland, FL 33813

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee Gregory (secretary) 5/24/00 (813) 672-2739

Date

Daytime Phone #