## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DE ADTMENT OF STATE

**BLICATION** 

BEIN	CTATEMENT CO	2 DIVIS	ecreta y	RATIONS	FI	LED	•
OCUMENT # N9600000984					01 NOV -5: AM 10: 37		
CORAL SPRINGS COBRAS ROLLER HOCKEY CLUB, INC.					SECRETA TALLAHA	ARY OF STATE SSEE, FLORIDA	
•	lace of Business	Mailing Address	ox <i>88</i> 83	<u> </u> 	 B 1831 Baha Baha Bara Baha Baha Ba	ISI KARIN MBINA MBINA MBIRI MBIRI MBIRI MBIRI	
oral spi	<del>ss cr</del> . <i>Rivers de fan I</i> C Aings Fl. 39996 Coea <i>i Magy Dr.</i> 337071	11869-NW-53-CT CORAL SPRINGS	UI G .				
	addresses are incorrect in any way, line thr incipal Office,Address, If Applicable	ough incorrect infor			05/03/01	9045 033 orated or Qualified	490,00
RIVERSIAE PLANK					To Do Busin	ness in Florida	02/23/1996
CORP 6 096 DEVE City & State City & State			50x 000	83 - FLOUDA	5. FEI Numbe	65-0654713	Applied For Not Applicable
じかれる 370	71 Country USA	Zip 3306	S Coun	<u> PLOUDH</u> USA	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
. Names	and Street Addresses of Each Officer and/	or Director (Florida				T	
Title(s)	Name of Officers and/or Directors		•	treet Address of Each Officer and/or Director		Cit	y / State / Zip
DP	SCHWARTZ, DOUGLAS ANDLUW CONEN		4371 NW 103 DRIVE			CORAL SPRINGS F	35065
DV	GAPITER, STEVEN MARGARET DUNC		\$1205 W Atlantic Bird, \$302 CORAL SPRII				<b>€</b> . ∓y
TD •	SILLAND, DOROTHY CW SPAMER TIL	.1	1791 Ray	ial Paum Bivi	d #102m	CORAL SPRINGS F	33,065
<b>5</b> 5					- W -	:	·
•							SP
							Section 1
	8. Name and Address of Current	Registered Agent		None	9. Name and	Address of New Registe	ered Agent
Street Address (F					RAPAUT DUN'S O. Box Number is Not Acceptable)		
11869 NW 53 CT  CORAL SPRINGS FL 33076  Suite, Apr. #_Etc.					11205 W ATTANTO BIVA		
		City / ARM		SPRING( FL 2007)			
0. I, being	g appointed the registered agent of the abo	ve named corporat	tion, am familiar		27 1 1 1		
ignature d legistered	Agent / Wight	Xim	neol	JIRED		Date	31/01
	· // ŘĒ	GISTERED AGEN	IT MUST SIGN			•	

ngaut DumEQUIRED 10/31

11. 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 filling 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.





C.W. Spamer III, Treasurer Steve Rich, Secretary

October 31, 2001

RE: FEI Number 65-0654713

Document Number N000000984

Division of Corporations Annual Report / Reinstatement Section P.O. Box 6327 Tallahassee, Fl 32314-6327

I received an application for reinstatement yesterday from our prior treasurer. Today, I phoned your department and spoke with Stacy, who informed me that on May 9, 2001 our annual report was returned for corrections, not indicating director for the officers. I informed Stacy that this previous notice of mistake was not received.

Additionally, I reviewed our bank statements and determined that the check made out to the department had indeed been cashed in May.

Please reinstate our organization based on the above facts. Note that our new address is P.O. Box 8883, in Coral Springs, Florida 33065.

Thank you,

Margaret Dunn Vice President