

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # N96000002414**

1. Corporation Name

**MARATHON IN-LINE HOCKEY ASSOCIATION INC.**

Principal Place of Business

Mailing Address

1154 BLVD PALMAS  
MARATHON FL 33050  
US

1154 BLVD PALMAS  
MARATHON FL 33050  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1996

5. FEI Number

65-0664203

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVP	MORTON, RAY	516 AVENIDA PRIMICIA	MARATHON FL 33050
V	MORTON, RAY	516 AVENIDA PRIMICERIA	MARATHON FL 33050
ST	VELGER, TERI JO	1154 BOULEVARD DEPALMAS	MARATHON FL 33050
D	COLLIER, DON	368 100TH STREET	MARATHON FL 33050
D	GRIFFITH, GUY	1172 91ST STREET	MARATHON FL 33050

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WRIGHT, THOMAS D  
9711 OVERSEAS HWY  
MARATHON FL 33050

Name

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

Suite, Apt. #, Etc.

City

380003526343-0

01/08/01-01013-015

\*\*\*\*236.25 State Zip Code

FL

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

*Thomas D Wright*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Nov 2 2000

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 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:

*Thomas D Wright*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 2 2000 743-7492

**KE**