

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB -8 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100089581901  
02/27/07--01017--025 \*\*183.75

DOCUMENT # N96000003889

1. Corporation Name

NORTH FLORIDA HOCKEY ASSOCIATION, INC.

**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

3605 PHILLIPS HWY.

Suite, Apt. #, etc.

MARKET SQUARE MALL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

265 LINKSIDE CIRCLE

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

USA

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1996

5. FEI Number

593389566

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

JOHN DELVECCHIO

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

265 LINKSIDE CIRCLE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John DelVecchio*

REGISTERED AGENT MUST SIGN

Date 2-04-07

**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	JOHN DELVECCHIO	265 LINKSIDE CIRCLE	PONTE VEDRA BEACH, FL 32082
VP	KATHIE GATTO	13447 Aquiline Road	JACKSONVILLE, FL 32224
S/T	SHERI KOSTICK	3892 BIGG-IN CHURCH RD W	JACKSONVILLE, FL 32224
D	RICK LARSON	31617 ARBOR DR.	PONTE VEDRA Bch, FL 32082

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 contained in Chapter 119, 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:

*John DelVecchio*

JOHN DELVECCHIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-04-07

Date

904  
286-3464

Daytime Phone #