


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1072

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003623			
1. Corporation Name Florida Amateur Hockey League, Inc			
2. Principal Office Address 9836 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Office Address 9836 W. Sample Road Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33065 Country US		City & State Coral Springs, FL Zip 33065 Country US	

2003 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800036993548
05/21/04--01055--002 **122.50

4. Date Incorporated or Qualified To Do Business in Florida	6/20/97
5. FEI Number	05-0762273
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Lewis Andrews		
Street Address (P.O. Box Number is Not Acceptable) 9836 W. Sample Road		
Suite, Apt. #, Etc.		
City Coral Springs	State FL	Zip Code 33065

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

[Signature]

Date 5-18-04

REGISTERED AGENT MUST SIGN

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
T	Lewis Andrews	9836 W. Sample Rd.	Coral Springs, FL 33065
P	Carlos Freitas	9175 150th Court N.	Jupiter, FL 33478
S	Jeff Woods	9836 W. Sample Rd.	Coral Springs, FL 33065

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-04

Date

Daytime Phone #

CR2E081 (07/04)

Page 2 of 2

FLORIDA AMATEUR HOCKEY LEAGUE, INC.

9836 West Sample Road Coral Springs, FL 33065

May 18, 2004

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

Re: Florida Amateur Hockey League, Inc.
Document # N97000003623
FID# 65-0762273

To Whom It May Concern:

It has come to our attention that the above captioned non-profit corporation has been dissolved. Please be aware that we never received the two prior uniform business report notices. The listed registered agent is no longer part of the corporation, therefore the annual reports were sent to an incorrect address. We have included the appropriate filing fee of \$122.50, that includes \$61.25 for the report year of 2003, and \$61.25 for the report year of 2004, as well as the signed applications for reinstatement. Please accept this payment and applications to bring us up to date.

Thank you in advance for your cooperation.

Sincerely,



Carlos Freitas
President