## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

#### N97000004770 DOCUMENT #

1. Corporation Name

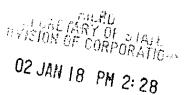
## FLORIDA GULF COAST AMATEUR HOCKEY ASSOCIATION. I NC.

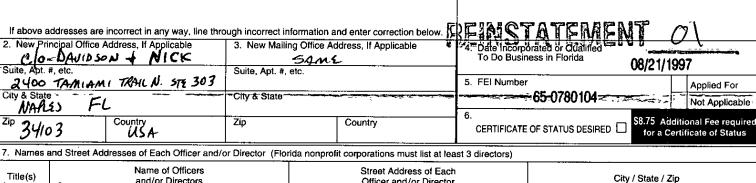
Principal Place of Business

Mailing Address

12070 COCONUT-CREEK COURT FORT MYERS EL 33908

12370 COCONUT CREEK-COURT FORT-MYERS-FL-93908





7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>®</b> D	HAYESFATERI ALAN FOSTER	2711 68 TH STREET SIW.	NAPLES FL SATES- 34105
D	DENNIS SCOTT	605 99 TH AVE N.	NAPLES FL SERS> 34/08
!	CARLOS VASQUES	2116 EVERGLEN LAKE BLUD	NAPLES FL SEED 3411 Z
# DV	LEO OCHS	9/39 THE LANE	NAPLES FL 34/09
DP	PARESTA MORE - RALPH PICASCIO	7679 SANTA MARGHERITA	NAPLES, FC 34109
<b>Ø</b>	DAMERICA, PERCE ENG	22-PIO FOCIATAIN-LAKES	ESTERO-FL 89928

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESOLDI, GINA

12370 COCONUT CREEK COURT PORT MYERS FL 33908

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

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



January 10, 2002

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

RE: Florida Gulf Coast Amateur Hockey Association, Inc.

FEIN: 65-0780104

Uniform Business Report - Annual Registration

Enclosed please find the renewal form for the 2001 Uniform Business Report Annual Registration for Florida Gulf Coast Amateur Hockey Association, Inc. and a check for \$175.

Please resend the 2002 renewal form to the new address listed below. Our firm is now handling the accounting for this organization.

Please direct all future correspondence to our office. The old address belongs to a person no longer involved with Florida Gulf Coast Amateur Hockey Association, Inc.

### Old Address:

Florida Gulf Coast Amateur Hockey Association, Inc. c/o Gina Esoldi 12370 Coconut Creek Court Ft. Myers, FL 33908

## New Address:

Florida Gulf Coast Amateur Hockey Association, Inc. c/o Davidson & Nick, CPAs 2400 Tamiami Trail North – Suite 303 Naples, FL 34103

Thanks in advance for your assistance.

Sincerely,

Terry E Knight Butterath

Terry E. Knight Butterworth Staff Accountant Davidson and Nick, CPAs