

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 26 PM 12:18

DOCUMENT #

N97 00000 6590

1. Corporation Name

LAKELAND ROLLER HOCKEY
LEAGUE, INCORPORATED

REINSTATEMENT 01-03

2. Principal Office Address

714 Willow Run

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

800023444248

09/30/03--01049--003 **367.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/20/1997

5. FEI Number

59-3479412

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

Cynthia M. Gensiejewski, CPA

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

714 Willow Run

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code
33813

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**

Cynthia M. Gensiejewski
REGISTERED AGENT MUST SIGN

Date

9/19/03

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/D	RAY MAYFIELD	6433 Calusa Dr.	Lakeland, FL 33813
T/D	JULIE KATT	1017 Lk Deerson Pointe	Lakeland, FL 33805
S/D	SUSAN CAMPBELL	5631 Emerald Ridge Blvd	Lakeland FL 33813

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:

Ray Mayfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/03 (863) 646-7995

Daytime Phone #

CR2E001 (10/02)