

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 JUL -9 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N99000003689**

1. Corporation Name

**Central Florida Amateur
Hockey Association, Inc.**

2. Principal Office Address

2221 Partin Settlement

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34744

Country

3. Mailing Office Address

P.O. Box 701674

Suite, Apt. #, etc.

City & State

ST. Cloud FL

Zip

34772

Country

oscola

REINSTATEMENT 00-01

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

6-16-1999

5. FEI Number

☒ 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

GARY SALZMAN

236-25-Adm

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

~~111 N. Orange Ave~~ 225 E. Robinson Street,

Suite, Apt. #, Etc.

~~815~~ Suite 660

City

ORLANDO

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

6/24/01

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
D	Mukherjee, Gourav	2221 Partin Settlement Kissimmee, FL 34744	Kissimmee, FL 34744
D	Barnes, Jonathan	2221 Partin Settlement	Kissimmee, FL 34744
D	Detre, Jean Claude	2221 Partin Settlement	Kissimmee, FL 34744

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gourav Mukherjee

Date

6/24/01 (407) 933-4259

Daytime Phone #

CR2E081 (9/00)