

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 13 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004242

1. Corporation Name

Amateur Hockey of Pensacola, Inc.

2. Principal Office Address

201 Pensacola Beach Blvd

Suite, Apt. #, etc.

Unit D5

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7/15/1999

5. FEI Number

593593308

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

Heather Callaway

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

201 Pensacola Beach Blvd

Suite, Apt. #, Etc.

Unit D5

City

Gulf Breeze

800037285268

05/25/04 01010 002 \*\*300.25

State

FL

Zip Code

32561

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

Heather Callaway

Date

5/11/04

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
Pres.	Heather Callaway	201 Pensacola Beach Blvd	Gulf Breeze, FL 32561
VP	Dan VanGamerden	10010 SUNDAY Rd	Cantonment, FL 32533
Sec.	John Benton	3821 SABER TOOTH Circle	Gulf Breeze, FL 32563
Tres.	Peggy Humbert	2009 Plantation Oaks Dr.	Navarre, FL 32566
Dir.	LINDA Irwin	8138 ESCOLAST.	Navarre, FL 32566
Dir's	Lucy + Tom Paux	5450 W. Spencer Field Rd	Pace, FL 32571

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:

Linda Irwin LINDA Irwin

5/11/04

850-939-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

65