

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000004611

1. Corporation Name

**PALM BEACH PANTHERS HOCKEY, INC.**

2. Principal Office Address - No P.O. Box #

**4833 NE 122nd Drive**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Okeechobee**

City & State

Zip

**34972**

Country

**USA**

Zip

Country

7. Name and Address of Current Registered Agent

Name

**John Ambrefe**

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

**4833 NE 122nd Drive**

Suite, Apt. #, Etc.

City

**Okeechobee**

State

**FL**

Zip Code

**34972**

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 **January 31, 2008**

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
PD	JOHN AMBREFE	4833 NE 122nd Drive	Okeechobee, FL 34972
VD	JOSEPH ALFANO	8124 Woodslanding Trail	West Palm Beach, FL 33411
TD	CATHERINE FASANO	12 Ridgeview Road South	Stuart, FL 34996
SD	WENDY AMBREFE	4833 NE 122nd Drive	Okeechobee, FL 34972

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 contained in Chapter 119, 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

**Joseph Alfano-VD**

**01/31/08**

Date

**561 252-4498**

Daytime Phone #

FILED

08 FEB -8 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500117626435  
02/08/08--01035--019 \*\*481.25

**REINSTATEMENT** 04-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/14/1999**

5. FEI Number

**650923725**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

20.2/11