

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N99000004611

1. Corporation Name

PALM BEACH PANTHERS HOCKEY, INC.

Principal Place of Business

Mailing Address

11924 FOREST HILL BLVD.  
SUITE 22-291  
WELLINGTON FL 33414

11924 FOREST HILL BLVD.  
SUITE 22-291  
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

8125 Lake Worth Rd  
Suite, Apt. #, etc.

8125 Lake Worth Rd  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/1999

5. FEI Number

65-0923725

Applied For

Not Applicable

City & State

Lake Worth, FL 33467

City & State

Lake Worth, Florida

Zip

33467

Country

USA

Zip

33467

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RICHARD, GREG	364 PARK FOREST WAY	WELLINGTON FL 33414
D	RICHARD, LINDA	364 PARK FOREST WAY	WELLINGTON FL 33414
D	FREITAS, CARLOS	2972 WATERFORD DR N	DEERFIELD BEACH FL 33442
			300024763873 11/17/03--01103--005 **\$1.25
			300024763873 12/15/03--01062--017 **\$175.00

8. Name and Address of Current Registered Agent

RICHARD, GREG  
11924 WEST FOREST HILL BOULEVARD  
SUITE 22 PMB #291  
WELLINGTON FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/03

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 #

Greg Richard 10/16/03 561-252-563