

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P02000065376

1. Corporation Name

FLORIDA HOCKEY TOURNAMENTS INC.

Principal Place of Business

Mailing Address

923 JASMINE ST.
CELEBRATION FL 34747

923 JASMINE ST.
CELEBRATION FL 34747

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0614637

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/V/D	TOM DYROFF	923 JASMINE ST.	CELEBRATION, FL 34747

300025416318
12/11/03--01018--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DYROFF, TOM
923 JASMINE ST.
CELEBRATION FL 34747

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

Thomas R Dyroff
REGISTERED AGENT MUST SIGN

Date

12/30/03

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)(f), 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:

Thomas R Dyroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

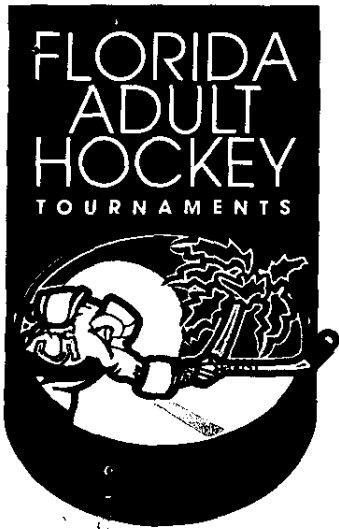
12/30/03

Daytime Phone #

4075668988

CR20040 (7/03)

292



Oct. 30, 2003

TO: Dept. Of State, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Tom Dyroff
President, Florida Hockey Tournaments, Inc.

Please be advised that our office has not received prior UBR notices. ²⁰⁰³

Please accept the enclosed payment in the amount of \$150.00 and completed Application for Reinstatement.

Thank you,

Tom Dyroff
President
Florida Hockey Tournaments Inc.
923 Jasmine St.
Celebration, FL 34747
Ph. 407/566-8988

Florida Adult Hockey Tournaments, Inc.

- 266 Torpoint Gate., Longwood, FL 32779 (407) 774-7339
- 923 Jasmine St., Celebration, FL 34747 (407) 566-8988

www.floridahockeytournaments.com