

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 15 PM 1:51

DOCUMENT #

P94000058108

1. Corporation Name

Columbia Skate Palace, Inc.
603 Hall of Fame Dr.
Lake City, FL 32055

W02-3241

2. Principal Office Address

603 Hall of Fame

3. Mailing Office Address

603 Hall of Fame Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL 32055

Zip

32055

Country

Columbia

Zip

32055

Country

Columbia

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

1994

5. FEI Number

59-3265442

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

95-02

7. Name and Address of Current Registered Agent

Name

Janice M. Wood

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

Rt. 13 Box 504

Suite, Apt. #, Etc.

City

Lake City,

State

FL

Zip Code

32055

600005026316-3
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***1808.75 ***1808.75

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**

Janice Wood

REGISTERED AGENT MUST SIGN

Date 11-27-01

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
P/S/T	Janice M. Wood	Rt. 13 Box 504	Lake City, FL

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:

Janice Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-01 386-755-2232

Date

Daytime Phone #

CR2E081 (9/00)