

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 FEB 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068079

1. Corporation Name

Roller Hockey International, Inc.

2. Principal Office Address
2681 Walnut Avenue

3. Mailing Office Address
2681 Walnut Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tustin, CA

City & State
Tustin, CA

Zip 92780 **Country** U.S.A.

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

5. FEI Number
33-0490839

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
Corporation Service Company

600003140586-7

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

-02/18/00--01105--022

****900.00 ****900.00

Suite, Apt. #, Etc.

City
Tallahassee

State FL **Zip Code** 32301

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**

Deborah D. Skipper

**Deborah D. Skipper
as its agent**

REGISTERED AGENT MUST SIGN

Date 2/14/00

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	
C	Rob Montague		2681 Walnut Avenue		Tustin, CA 92780	

REINSTATEMENT 99-00 TS

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:

Rob Montague/Chairman

2-11-2000

Date **Daytime Phone #**