

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

V60970

1. Corporation Name

Kissimmee Sports arena Inc.

2. Principal Office Address

3. Mailing Office Address

1010 Suhl's Lane

958 S. Hoagland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Kissimmee FL

Zip

Country

34741 USA

Zip

Country

34741 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593119586

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

Gary W Suhl

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

958 S. Hoagland Blvd

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

100003533721--0
-01/11/01--01105--004
***750.00 ***750.00

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

Gary W Suhl

REGISTERED AGENT MUST SIGN

Date

12/19/00

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
P	Jed W. Suhl	958 S. Hoagland Blvd	Kiss. FL 34741
VP	Gary W. Suhl	958 S. Hoagland Blvd	Kiss. FL 34741
S	Diane Suhl	958 S. Hoagland Blvd	Kiss. FL 34741
T	Calee Suhl	958 S. Hoagland Blvd	Kiss FL 34741
			KE

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:

Gary W Suhl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/00

Date

4078463330

Daytime Phone #

CR2E081 (9/99)