PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	PLEASE READ A	ALL IIVS	HUC HUNS	BEFURE (UNPLE	ING THIS FURIVING	加工的指示它环境因此	
ΔPI	APPLICATION FLORIDA DEPARTMENT OF STATE					至2000年2000年2000年2000年2000年2000年2000年200	的影響的關係	
			Sandra B. Mortham					
FOR Secretary of State						a) in the second		
REINSTATEMENT DIVISION OF CORPORATIONS] ' ',	FILED		
DOCUMENT # F98000004476					96 DEC 19 PH 2: 01			
1. Corporation Name					OF OPETADU OF OTLET			
CLUB SPORTS INTERNATIONAL - B R,,Inc.					SECRETARY OF STATE			
					'	TALLAHASSEE, FL <mark>orii</mark>	UA (4)	
Principal Place of Business Mailing Address					-			
1700 Broadway							005	
Suite 1900					F-1000000		1442	
Denver, Colofado 80290					REINSTATEMENT 1996			
l					Bum	o mater 1892 d 5	1714	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable					1	DO NOT WRITE IN THIS SPAC orated or Qualified	E	
2. New Principal Office Address, in Applicable 3. Item W			ing Address, ii Applicable		To Do Business in Florida October 5, 1993			
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			,	Applied For	
City & State	<u> </u>	City & State	City & State			Not Applicable		
Zin	I Causto	7-				B. CERTIFICATE OF STATUS DESIDED S8.75 Additional Fee teguired		
Zip	Country	Ζiρ	Countr	У	CERTIFICATE	OF STATUS DESIRED (or a	Additional Fee tequired a Certificate of Status	
7. Names :	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpora	itions must list at lea	ast 3 directors)			
Name of Officers Street Address of Each								
Title(s)	ille(s) and/or Directors 2			Officer and/or Director 3 (Do NOT Use Post Office Box N		(umbers) 4 City / State / Zip		
PD THOMAS W. LYNEIS 1700 Broadway				adway		Denver, CO 8	30290	
VPSD	PSD EDDIE D. WILLIAMS 1700 Broa				dway Denver, CO 80290			
TD ANTHONY M. ROCKHILL			1700 Broadway			Denver, CO 80290		
							244	
				-	<u>T</u>	00002035; -12/20/960	111761113	
						****583.75	****583.75	
				· · · · · · · · · · · · · · · · · · ·				
8. Name and Address of Current Registered Agent					9. Namo and 4	L Address of New Registered Age	ent .	
Name								
CORPORATION SERVICE COMPANY					O Box Number	is Not Acceptable)		
Tallahassee, Florida 32301					.o. box Humber	is Not Acceptable)		
Suite, Apt. #. (
City					State Zip Code			
				<u> </u>		FL	र	
10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807,0505, F.S.								
Signature of Registered Agent Debarah Ne. Skipper Date 12-19-96								
REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the								
De	ept. of Revenue under S.	199.032,	Florida Stat	utes. Yes	يا No ل	on Intangit		
						,	4	
12 I do hereby cortify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes: I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director or the receiver or frustee 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect as it made under cath								
certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0.001 or 617 0.001 is 8 and their all								
lees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath								

Anthony M. Rockhill

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

12/17/96

(303) 866-0800