## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F9900000052

1. Corporation Name

CLUB SPORTS INTERNATIONAL ACQUISITIONS, INC.

Principal Place of Business

Mailing Address

% CLUB SPORTS INFERNATIONAL, INC. 1700 BROADWAY, SUITE 1900 DENVER CO 80290 % CLUB SPORTS INTERNATIONAL. INC. 1700 BROADWAY. SUITE 1900 DENUER CO 80290 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line thro	ugh incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable  Club Sports Internation, Inc.  Suite, Apt. #. etc.	3. New Mailing Office Address, If Applicable Club Sporty Intention, Inc Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida	01/05/1999
700 Breakway, Suite 1600	1700 Brandway, Swite 1600	5. FEI Number	Applied For
City & State	City & State	84-1138359	Not Applicable
Verver Co Zip Country ROZGO	Denver Co Zip Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at lea	st 3 directors)	

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7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	LYNEIS, THOMAS W	1700 BROADWAY, SUITE 1900	DENVER CO 80290
VT	GRAHAM, MICHAEL J Trace 7 Dunlap	1700 BROADWAY, SUITE-1900 \600	DENVER CO 80290
٧	WILLIAMS, EDDIE D	1700 BROADWAY, SUITE 1900	DENVER CO 80290
D V	KLEEMAN, MERRICK ACT Cuctis	THREE PICKWICK PLAZA, SUITE 25 1700 Breadway, Smite 1600	GREENWICH CT 06830
<del>- D</del>	YIH, DAN	875 N. MICHIGAN AVE #250	CHICAGO IL 60611

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Street Actives (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
	City	State Zip Code

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 filling 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

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #