

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 18 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000381

1. Corporation Name

CLUB SPORTS INTERNATIONAL, INC.

Principal Place of Business

1700 BROADWAY, SUITE 1900
DENVER CO 80290

Mailing Address

1700 BROADWAY, SUITE 1900
DENVER CO 80290

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1700 Broadway, Suite 1600

City & State
Denver CO

Zip
80290

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1700 Broadway, Suite 1600

City & State
Denver CO

Zip
80290

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1999

5. FEI Number

84-1137009

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
P	LYNEIS, THOMAS W	1700 BROADWAY, SUITE 1900	DENVER CO 80290
VP&T	GRAHAM, MICHAEL J Tracey Dunlap	1700 BROADWAY, SUITE 1900 1600	DENVER CO 80290
VP	WILLIAMS, EDDIE D	1700 BROADWAY, SUITE 1900 1600	DENVER CO 80290
D	KLEEMAN, MERRICK	THREE PICKWICK PLAZA SUITE 25	GREENWICH CT 06830
V	Art Curtis	1700 Broadway, Suite 1600	
D	YIH, DAN	875 NORTH MICHIGAN AVE. #250	CHICAGO IL 60611

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sonya R. Cordell
REGISTERED AGENT MUST SIGN

Date

12/11/00

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)