2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003350

FILED Oct 03, 2005 Secretary of State

Entity Name: NAPLES TOUCHDOWN CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 6506 AUTUMN WOODS BOULEVARD NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 6506 AUTUMN WOODS BOULEVARD NAPLES, FL 34109 FEI Number: 01-0732772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLEMAN, KEVIN G ESQ 4001 TAMIÁMI TRAIL NORTH SUITE 300 NAPLES, FL 34103 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: KEVIN COLEMAN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEVOE, MARK Name: Name: Address: 2601 AIRPORT RD Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SALLEN, LYNN Name: Address: 1100 GOLDEN EAGLE CIR Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition HANCOCK, TIM Name: Name: 6506 AUTUMN WOODS BLVD Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM HANCOCK MR. 10/03/2005