

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008461

FILED
Mar 15, 2009
Secretary of State

Entity Name: COLLIER ALTERNATIVE TEAM SPORTS, INC.

Current Principal Place of Business:

5794 LAGO VILLAGGIO WAY
NAPLES, FL 34104 US

New Principal Place of Business:

514 TURTLE HATCH ROAD
NAPLES, FL 34103 US

Current Mailing Address:

5794 LAGO VILLAGGIO WAY
NAPLES, FL 34104 US

New Mailing Address:

514 TURTLE HATCH ROAD
NAPLES, FL 34103 US

FEI Number: 65-1257072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERRANTE, PETE
5794 LAGO VILLAGGIO WAY
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

FERRANTE, PETE
514 TURTLE HATCH ROAD
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: PETE FERRANTE

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERRANTE, PETE
Address: 5794 LAGO VILLAGGIO WAY
City-St-Zip: NAPLES, FL 34104 US

Title: VP () Delete
Name: FERRANTE, KIMBERLY A
Address: 5794 LAGO VILLAGGIO WAY
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERRANTE, PETE
Address: 514 TURTLE HATCH ROAD
City-St-Zip: NAPLES, FL 34103 US

Title: VP (X) Change () Addition
Name: FERRANTE, KIMBERLY A
Address: 514 TURTLE HATCH ROAD
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETE FERRANTE

P

03/15/2009

Electronic Signature of Signing Officer or Director

Date