

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 22 AM 10:45

DOCUMENT # N06000003773

1. Corporation Name  
Collier County Select Baseball (1991-1992), Inc.

900125027629  
04/22/08--01019--005 \*\*245.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 5930 Shady Oaks LN Suite, Apt. #, etc.		3. Mailing Office Address 5930 Shady Oaks LN Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34119	Country USA	Zip 34119	Country USA

4. Date Incorporated or Qualified To Do Business in Florida April 5, 2006	
5. FEI Number 20-2230078	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Diane Johnson		
Street Address (P.O. Box Number is Not Acceptable) 5930 Shady Oaks LN		
Suite, Apt. #, Etc.		
City Naples	State FL	Zip Code 34119

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Diane Johnson Date 4/17/08  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert Johnson	5930 Shady Oaks LN	Naples, FL 34119
D	Diane Johnson	5930 Shady Oaks LN	Naples, FL 34119
D	Aliette Pettay	14458 Indigo Lakes Cir.	Naples, FL 34119

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10. 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 contained in Chapter 119, 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: Diane Johnson Diane Johnson Date 4/17/08 Daytime Phone # 239-594-9515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR