

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 APR -7 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06



DOCUMENT # N29298			
1. Entity Name COLLIER COUNTY LOAN CONSORTIUM, INC.			
Principal Place of Business 3838 TAMiami TRAIL N NAPLES, FL 34103 US		Mailing Address 3838 TAMiami TRAIL N NAPLES, FL 34103 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042006 REIN-NP CR2E099 (11/05)

4. FEI Number 65-0150050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWMAN, LINDA C/O ORION BANK 3838 TAMiami TRAIL N NAPLES, FL 34103	7. Name and Address of New Registered Agent Name: Aaron Kleist Street Address (P.O. Box Number is Not Acceptable): c/o Orion Bank 3838 Tamiami Tr. N. City: Naples FL Zip Code: 34103
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 4/5/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRITTS, JANET C/O THE HARRIS 4040 GULF SHORE BLVD N NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aaron Kleist DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Orion Bank 3838 Tamiami Tr. N. Naples, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph Wheeler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition c/o Ironstone 13525 Bell Tower Dr. Ft Myers, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NEWMAN, LINDA <input checked="" type="checkbox"/> Delete C/O ORION BK 3838 TAMiami TRL N NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06