


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000040627**

1. Corporation Name
CLINE OF COLLIER COUNTY CORPORATION

Principal Place of Business
**1841 1843 GOLDEN GATE BLVD W
NAPLES FL 34120**

Mailing Address
**1841 1843 GOLDEN GATE BLVD W
NAPLES FL 34120**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3444232	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	SEDLACEK, KATHLEEN G	1861 GOLDEN GATE BLVD WEST	NAPLES FL 34120
DST	CLINE, DONALD	1861 GOLDEN GATE BLVD W	NAPLES FL 34120

700008594997
10/25/02--01070--004 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SEDLACEK, KATHLEEN G 1861 GOLDEN GATE BLVD WEST NAPLES FL 34120		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent **Kathleen G. Sedlacek** **REQUIRED** Date **10-22-02**

REGISTERED AGENT MUST SIGN

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: **Kathleen G. Sedlacek** **10/22/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **239-352-7436**

FILED
02 OCT 25 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/02)



Cline of Collier County Corp.

1861 Golden Gate Blvd. W.
Naples, Florida 34120
941-352-7436

October 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

I received the Notice of Administrative Dissolution or Revocation in the mail today.

I did not receive the original request for this information this year. On your notice there is an incorrect address for my corporation. You typed 1843 Golden Gate Blvd. West. This is incorrect. My correct address is:

1841 Golden Gate Blvd. West
Naples, Florida 34120

Please correct my address, as I would like to receive correspondence and return information to you in a timely manner.

I am sure the address typed incorrect is why I did not receive the original request.

Enclosed is \$150.00 to reinstate Cline of Collier County Corporation.

Sincerely,

Kathleen G. Sedlacek
President/Owner
Cline of Collier County Corporation