

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 14 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



WOP

100023791791

10/14/03--01059--005 \*\*61.25

DOCUMENT # N00000006352

1. Corporation Name

COLLIER ATHLETIC ARBITERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19365 PINE GLEN DR  
FT MYERS FL 33912

19365 PINE GLEN DR  
FT MYERS FL 33912

JR

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 619  
Estero, FL  
33928 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

5. FEI Number

65-1043549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WAHLERS, SCOTT	19365 PINE GLEN DR	FT MYERS FL 33912
D	ESTES, TIM	19365 PINE GLEN DR	FT MYERS FL 33912
D	COSTAIN, TROY	19365 PINE GLEN DR	FT MYERS FL 33912
RA	RIELLA, J. WAYNE	19365 PINE GLEN DR	FORT MYERS FL 33912

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIELLA, WAYNE  
19365 PINE GLEN DR  
FT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*JW Riella*

REGISTERED AGENT MUST SIGN

Date

10/10/03

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JW Riella* Treers

Date

Daytime Phone #

239  
10/10/03 262 0994

CR2040 (7/03)

2072

**COLLIER ATHLETIC ARBITERS ASSOCIATION, INC.**  
**SPORTS OFFICIALS SERVING COLLIER COUNTY, FLORIDA**  
**P.O. BOX 619, ESTERO, FL 33928-0619**

OCTOBER 10, 2003

DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

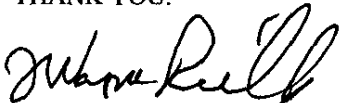
GENTLEMEN AND LADIES:

THIS LETTER WILL SERVE TO NOTIFY YOU THAT OUR ASSOCIATION DID NOT RECEIVE THE PRIOR NOTIFICATIONS PERTAINING TO THE ANNUAL REPORT. YOU WILL NOTE THAT OUR ADDRESS HAS CHANGE AND PERHAPS THAT IS THE REASON.

I REPECTFULLY REQUEST WAIVER OF THE REINSTATEMENT FEE AND ENCLOSE OUR CHECK FOR THE ANNUAL FEE OF \$ 61.25.

YOUR ATTENTION TO THIS MATTER IS APPRECIATED.

THANK YOU.



J. WAYNE RIELLA, TREASURER