

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:45

DOCUMENT #

NA0000002506

Collier County Community Tennis Association

1. Corporation Name

CCCTA

2. Principal Office Address

1509 Biscayne Way

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

31-1639509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas S. Browne

Executive Director

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

1509 Biscayne Way

500004652085-9

Suite, Apt. #, Etc.

10/25/01-01001-004

\*\*\*\*306.00 \*\*\*\*306.00

City

Marco Island

State  
FL

Zip Code

34145

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

Douglas S. Browne  
REGISTERED AGENT MUST SIGN

Date Aug 21, 2001

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
<u>Vice PRES.</u>	<u>Mr. armand Procacci</u>	<u>400 Vineyard blvd</u>	<u>Naples, FL 34119</u>
<u>Vice Pres.</u>	<u>Mr. Doug Small</u>	<u>8700 Bay Colony DRIVE</u>	<u>NAPLES, FL 34108</u>
<u>Vice Pres.</u>	<u>Mr. Brett Hobden</u>	<u>1498 Pelican Marsh Blvd.</u>	<u>Naples, FL 34109</u>

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 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:

Douglas S. Browne  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-941-642-7051

CR2E081 (9/00)