

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

N98000002566

Collier County Community Tennis Association, Inc.

2. Principal Office Address

1509 Biscayne Way

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO Island, FL

City & State

Zip

34145

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-5-98

5. FEI Number

N98000002566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DOUGLAS S. Browne

500020681745

06/09/03--01054--019 \*\*200.00

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

1509 Biscayne Way

Suite, Apt. #, Etc.

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 6/3/2003

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
VP	Armand Procacci	400 Vineyard Blvd.	Naples, FL 34119
VP	Doug Small	8700 Bay Colony Drive	Naples, FL 34108
VP	Brett Hobden	1498 Pelican Marsh Blvd.	Naples, FL 34109

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

6/3/2003

Date

239-642-7051

Daytime Phone #

CR2E081 (10/02)

**June 18, 2003**

**Dear-Florida Department of State:**

**Approximately three weeks ago, I finally received a notice about the Collier County Community Tennis Association, Inc. I immediately called to inquire about our organization being late with payments.**

**The nice woman that I talked to did inform me that they had the wrong address: 1504 Biscayne Way Marco Island Florida. Believe it or not, the mail did not come to me even though it was only a few houses away!**

**The nice woman told me to inform you of this problem and see immediately changed the address to: 1509 Biscayne Way Marco Island, Florida 34145.**

**She informed me that I owed approx. \$122.???. Therefore when I filled out the reinstatement form, I payed \$200.00 for a credit. As you can see, it has been stamped and collected.**

**Thank you for your time and consideration.**

**Sincerely,**

  
**Douglas S. Browne**  
**President**

**Collier County Community Tennis Association, Inc.**  
**239-398-1024**