

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003365

1. Corporation Name

TREZZA FOUNDATION FOR THE ARTS, INC.

W01000020881

Principal Place of Business

Mailing Address

SUITE 201  
3389 SHERIDAN ST.  
HOLLYWOOD FL 33021

SUITE 201  
3389 SHERIDAN ST.  
HOLLYWOOD FL 33021

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

07/22/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0458962

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$9.75 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	TREZZA, JAMES F	SUITE 201, 3389 SHERIDAN ST	HOLLYWOOD FL 33021
<del>D</del>	<del>TREZZA, DANIELLE</del>	<del>6318 HOWE STREET</del>	<del>PITTSBURG PA 15206</del>
<del>D</del>	<del>SULLIVAN, LISA</del>	<del>20 PAINE STREET</del>	<del>WELLESLEY MA 02187</del>
D	<del>YOLDAS, DANIELLE</del>	3041 N. 35th St.	Hollywood, FL 33021
D	SULLIVAN, LISA	20 PAINE STREET	Wellesley MA, 02187

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOTTLIEB, BRUCE M  
125 N. 46TH AVE  
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

700004703357-9

12/04/01--01013--019

\*\*\*358 State FL \*\*\*358.75

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 8/29/2001

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

212-327-2218

Daytime Phone #

CR2ED40 (8/99)