

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 5:38

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003365

1. Corporation Name

TREZZA FOUNDATION FOR THE ARTS, INC.

REINSTATEMENT 03-05
CR2E081 (8/05)

2. Principal Office Address 3389 Sheridan St.		3. Mailing Office Address	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.	
City & State Hollywood, Fl		City & State	
Zip 33021	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/22/1993	
5. FEI Number 650458962	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Bruce M. Gottlieb

Street Address (P.O. Box Number is Not Acceptable)
125 N 46 AVE

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33021

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

Bruce M. Gottlieb
REGISTERED AGENT MUST SIGN

Date

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
D	James F. Trezza	Suite 201, 3389 Sheridan St.	Hollywood, Fl 33021
D	Danielle Yoldas	3041 N. 35 St.	Hollywood, Fl 33021
D	Lisa Sullivan	20 Paine St.	Wellesley, MA 02187

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

6/29/05 2123272218
Date Daytime Phone #