PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 SEP 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F80707**

1. Corporation Name

TREVETT HOMES, INC.

Principal Place of Business	Mailing Address
~~2801 ST. JOHNS BLUFF RD. STE 4~~ ~~POST OFFICE BOX 17833~~ ~~JACKSONVILLE FL 32216~~	~~2801 ST. JOHNS BLUFF RD. STE 4~~ ~~POST OFFICE BOX 17833~~ ~~JACKSONVILLE FL 32216~~

REINSTATEMENT 96 aw

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
1325 ATLANTIC AVE.	P.O BOX 1200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FERNANDINA BCH, FL	City & State: FERNANDINA BCH, FL
Zip: 32034 Country: USA	Zip: 32035 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/1982

5. FEI Number: 59-2190715 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	TREVETT, HARRY R.	~~2801 ST.JOHNS BLUF RD 4~~ 8144 SUMMIT RIDGE LN.	JACKSONVILLE FL 32256
VS	TREVETT, JANICE S.	~~2801 ST.JOHNS BLUF RD 4~~ 8144 SUMMIT RIDGE LN.	JACKSONVILLE FL 32256
~~V~~	~~VANPUYMBROUCK, DONNA~~	~~2801 ST.JOHNS BLUF RD 4~~	~~JACKSONVILLE FL~~

~~10/04/96--01049--014~~
~~****383.75~~ ~~****383.75~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TREVETT, HARRY R. ~~2801 ST. JOHNS BLUFF RD., SUITE 4~~ 8144 SUMMIT RIDGE LN JACKSONVILLE FL 32216 32256	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.

Signature of Registered Agent (X) [signature] REGISTERED AGENT MUST SIGN — Date 9-17-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: (X) [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96 Date — 904-261-2235 Daytime Phone #

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