

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001308

1. Corporation Name

TREVICOS SOUTH, INC.

Principal Place of Business

~~3680 GULF TO BAY BLVD., SUITE #205~~
CLEARWATER FL 38759

Mailing Address

3000 GULF TO BAY BLVD., SUITE #205
CLEARWATER FL 33759



REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

TREVICOS SOUTH, INC.

Suite, Apt. #, etc.
29399 US 19 NORTH SUITE 210

City & State
CLEARWATER, FL

Zip
33761

Country

3. New Mailing Office Address, If Applicable

TREVICOS SOUTH, INC.

Suite, Apt. #, etc.
450 SUMMER ST. 4TH FLOOR

City & State
BOSTON, MA

Zip
02210

Country

SUFFOLK

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2001

5. FEI Number

06-1607596

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 3	City / State / Zip 4
PD	CATALANO, ANTONINO ARTURO RESSI di CERNIA	250 SUMMER STREET, 4TH FLOOR	BOSTON MA 02210
CEO CFO	BUGNANI, GIOVANNI FRANCO FILIPPI	250 SUMMER STREET, 4TH FLOOR 250 SUMMER STREET, 4TH FLOOR	BOSTON MA 02210 BOSTON, MA 02210
CLRK	MOCCIA, ANTHONY	ONE INTERNATIONAL PLACE, 18TH FL	BOSTON MA 02110
T	FORTI, DANIELE	339 VIA UNGARETTI	47023 CESENA, ITALY
D	TREVISANI, GIANLUIGI	120 VIA CILEA	47023 CESENA, ITALY
D	TREVISANI, STEFANO	PIAZZA L. GUERRA 86	47023 CESENA, ITALY

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

700020429387
Suite, Apt. #, Etc. 06/03/03-01088-015-#908.75

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/18/03

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
FRANCO FILIPPI - VICE PRESIDENT / CFO

05/01/03

Date

417 345 9955

Daytime Phone #

CR2E040 (8/02)