

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 SEP 12 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FL

600894243058
09/12/22--09005--001 F-2511.25

DOCUMENT # 715662

1. Corporation Name

Trilby Manor Civic Club, INC.

2. Principal Office Address - No P.O. Box #

20513 Mickens Dr.

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 31

Suite, Apt. #, etc

City & State

Dade City, FL

Zip

Country

33523

USA

City & State

Trilby, FL

Zip

Country

33593

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/1968

5. FEI Number

591236009

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Evelyn Green

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

20513 Mickens Dr.

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33523

REINSTATEMENT

1984-2022

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

Evelyn Green

Date *8/17/22*

REGISTERED AGENT MUST SIGN

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
P/D	<i>Flora Mazon</i>	<i>4348 Redcoat Dr.</i>	<i>Wesley Chapel, FL 33543</i>
VP/D	<i>Dewitt Green</i>	<i>27372 Azen Loop</i>	<i>Brooksville, FL 34602</i>
T/D	<i>Evelyn Green</i>	<i>20513 Mickens Dr.</i>	<i>Dade City, FL 33523</i>
S/D	<i>Crystal Mazon</i>	<i>4348 Redcoat Dr.</i>	<i>Wesley Chapel, FL 33543</i>

SEP 12 2022

10. E-mail Address: *Flomoe219@gmail.com*

(To be used for future annual report notification)

M. WILLIAMS

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Flora A. Mazon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2022 813-310-7116

Date

Daytime Phone #