

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 PM 4:14

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DOCUMENT # **768986**

1. Corporation Name

TRINITY VILLAS II, INC.

Principal Place of Business

Mailing Address

3728 N.E. 8TH PLACE
OCALA FL 32671-1093

3728 N.E. 8TH PLACE
OCALA FL 32671-1093



REINSTATEMENT

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

06/17/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1666656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	NADEAU, MARILYN	1833 N.E. 39TH COURT 3728 NE 8th PLACE	OCALA FL
VD	BULLARD, WARREN	121 N.W. 3RD ST.	OCALA FL
SD	FAGAN, TINA	4027 N.E. 30TH STREET	OCALA FL
TD	WRIGHT, JEFF	1547 N.W. 2ND STREET	OCALA FL
			300002338133--5 -11/04/97--01087--028 *****61.25 *****61.25
			300002338133--5 -11/04/97--01087--029 *****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BULLARD, WARREN
121 N.W. 3RD ST.
OCALA FL 34475

Name

NADEAU, MARILYN

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

3728 NE 8th PLACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

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

Marilyn Nadreau
REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

N/A

(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:

Marilyn Nadreau
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-97

Date

Daytime Phone #

CR2E040 (8/97)