

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

2801 ST. JOHNS BLUFF RD. STE 4
POST OFFICE BOX 17833
JACKSONVILLE FL 32216

Mailing Address

2801 ST. JOHNS BLUFF RD. STE 4
POST OFFICE BOX 17833
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

1325 ATLANTIC AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 1200
Suite, Apt. #, etc.

City & State

FERNANDINA BCH, FL

Zip **32034**

Country

USA

City & State

FERNANDINA BCH, FL

Zip

32035

Country

USA

REINSTATEMENT

qb aw

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)

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

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

8. Name and Address of Current Registered Agent

TREVETT, HARRY R.
2801 ST. JOHNS BLUFF RD., SUITE 4
JACKSONVILLE FL 32216
8144 SUMMIT RIDGE LN 32256

9. Name and Address of New Registered Agent

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

[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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

9-17-96

Date

904-261-2235

Daytime Phone #