## 2004 FOR PROFIT CORPORATION REINSTATEMENT

, 34 REINSTATEMENT					FILED			
DOCUMENT # L28118								
1. Entity Name TREZISE DESIGN ASSOCIATES, INC.					04 NOV -2 PM 5: 32			
			:		_	SECRETARY OF TALLAHASSEE.	FISTATE FELORION	A
Principal Place of Business Mailing Address 1717 N. FLAGLER DRIVE 1717 N. FLAGLER DRIVE						TALLAHASSI.E.	L.C.CO.	
SUITE 11		1717 N. FLAGLER DRIVE Suite 11						
WEST PALM	BEACH, FL 33407	WEST PALM BEACH, FL 33407					BIN GRBH CHBN BHBN	ELEMAN A FEEL
2. Principal Place of Business		3. Mailing Address		P1870			<b></b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E 61350	BEN PLAIF	R2E0 <del>98-(0/0</del>	4)	
City & State		City & State			4. FEI Numb	per PPLICABLE	h	Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$8.75 A	Additional uired
	6. Name and Address of Current	Registered Agent		None	7Name-and	d Address of New Registe		
TREZISE, LYNN F.			·Name					
1717 N. FLAGLER DRIVE SUITE 11 WEST PALM BEACH, FL 33407				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
8. The above named entity submits this statement for the gurpose of changing its registered office or registered							1	ith, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed narie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11
TITLE Name	DS TREZISE, STEVEN A.	☐ Delete	TITLE	1			☐ Chang	ge 🔲 Addition
STREET ADDRESS			i i	ET ADDRESS	100042395611 11/02/0401029017 ***750.00			
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP				]
12. I hereby	l certify that the information supplied with	this filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I further	r certify that the	e information
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED DA PRINTED HAVE OF SIGNING OFFICE OR DRIFECTOR DESCRIPTION DATE OF SIGNING OFFICE OR DRIFECTOR DATE OF SIGNING OFFICE OR DATE OF SIGNING OFFICE OF								