PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 18 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010272

1. Corporation Name

TREVISO HOMEOWNERS ASSOCIATION, INC

200163795032
12/18/09--01044--016 **61.25
200163795032
12/18/09--01044--015 **236.25

CR2E081 (11/09)

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5707 Sea Turtle Place	5707 Sea Turtle Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apollo Beach, FL	City & State: Apollo Beach, FL
Zip: 33572 Country: USA	Zip: 33572 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/25/03

5. FEI Number: 651211998 ☐ 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: Quinton David Kirbach

Street Address (P.O. Box Number is Not Acceptable): 5707 Sea Turtle Place

Suite, Apt. #, Etc.

City: Apollo Beach | State: FL | Zip Code: 33572

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 12/13/2009

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	Quinton Kirbach	5707 Sea Turtle Place	Apollo Beach, FL 33572
T/S/D	Hailey Kirbach	5707 Sea Turtle Place	Apollo Beach, FL 33572
M/D	Frank Allers	539 Treviso Drive	Apollo Beach, FL 33572
M/D	David Kirbach	501 Palmasola Blvd	Bradenton, FL 34209
V/D	Steve Wilson	537 Treviso Drive	Apollo Beach, FL 33572

10. **E-mail Address:** Kirbach@hotmail.com
(To be used for future annual report notification)

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. 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.

SIGNATURE: _____ Quinton Kirbach 12/13/09 813-965-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #