

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 5:38

DOCUMENT # N93000003365

1. Corporation Name

TREZZA FOUNDATION FOR THE ARTS, INC.

REINSTATEMENT 03-05

CR2E081 (8/05)

2. Principal Office Address

3389 Sheridan St.

Suite, Apt. #, etc.

201

City & State

Hollywood, FL

Zip

33021

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1993

5. FEI Number

650458962

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

Bruce M. Gottlieb

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

125 N 46 AVE

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code
33021

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

Bruce M. Gottlieb

REGISTERED AGENT MUST SIGN

Date

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
D	James F. Trezza	Suite 201, 3389 Sheridan St.	Hollywood, FL 33021
D	Danielle Yoldas	3041 N. 35 St.	Hollywood, FL 33021
D	Lisa Sullivan	20 Paine St.	Wellesley, MA 02187

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10. 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

Date

Daytime Phone #

u/29/05 2123272218