

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003365

1. Entity Name
TREZZA FOUNDATION FOR THE ARTS, INC.



Principal Place of Business
3389 SHERIDAN STREET, #201
HOLLYWOOD, FL 33021

Mailing Address
3389 SHERIDAN STREET, #201
HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #
411 N. New River Dr. East
Suite, Apt. #, etc.
Suite 2906

3. Mailing Address
411 N. New River Dr. East
Suite, Apt. #, etc.
Suite 2906

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33301

Country

Zip
33301

Country

11242008 REIN-NP CR2E099 (1/07)

4. FEI Number
65-0458962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 N. 46TH AVE
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TREZZA, JAMES F
STREET ADDRESS SUITE 201, 3389 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D ☐ Delete
NAME YOLDAS, DANIELLE
STREET ADDRESS 3041 N. 35TH ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Trezza, James F.
STREET ADDRESS 411 N. New River Dr. East, Suite 2906
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME 100138345761
STREET ADDRESS 12/01/08--01071--001 **361.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/08 9547635935
Date Daytime Phone #

FILED

08 DEC -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

