

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 24 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/06/02--01031--012
***300.00 ***300.00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000013217

1. Corporation Name

Trouville Investments, INC.

2. Principal Office Address

754 Seabrook Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

1794 Rogelio Rd.
Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

Zip

32211

Country

U.S.

Zip

32211

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2000

5. FEI Number

59-3630403

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

Iona K. Coates

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

1794 Rogelio Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

Iona K. Coates

Date

1/14/01

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
PD	St. John McKee, Christian	3941 Jean St.	Jax, FL 32205
VPD	Bodker, William H. III	728 Seabrook Pkwy	Jax, FL 32211

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:

Christian McKee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

904-463-1555

Daytime Phone #

CR2E081 (9/01)

2002

**TROUVAILLE INVESTMENTS, INC.
754 SEABROOK PARKWAY
JACKSONVILLE, FL 32211**

January 11, 2002

**DIVISION OF INCORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32399**

Dear Sir or Madam:

We are enclosing a reinstatement form for the above named corporation. A check for \$300.00 is attached.

We did not receive the annual report or late notices in the mail necessary to file the report. Please waive the late fees.

If you have any questions, please call Iona Coates – Registered Agent at (904) 745-0221.

Sincerely,



**Christian McKee
Director**