

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 FEB 28 AM 8:31

REINSTATEMENT

1112

02/28/12--01028--022 **150.00

100221771081
02/13/12--01059--007 **750.00

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 4-10-2000

5. FEI Number
65-1000902

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

DOCUMENT # P00000036172

1. Corporation Name

R.F. Trevisan Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

4830 State Road 11

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLeon Springs

City & State

Zip

32130

Country

Volusia

Zip

Country

7. Name and Address of Current Registered Agent

Name

Gail C Trevisan

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

4830 State Road 11

Suite, Apt. #, Etc.

City

DeLeon Springs

State

FL

Zip Code

32130

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

Gail C Trevisan

REGISTERED AGENT MUST SIGN

Date 2/10/12

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	Richard F Trevisan	4830 State Road 11	DeLeon Springs, FL 32130
D	Gail C Trevisan	4830 State Road 11	DeLeon Springs, FL 32130

10. E-mail Address: apowers@drtcpa.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gail C Trevisan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2012

386-738-3655

Date

FEB 28 2012

A. DUNLAP