


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P-00000036172</u>			
1. Corporation Name RF TREVISAN ENTERPRISES, INC.			
2. Principal Office Address 4830 STATE ROAD 11 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 871 Suite, Apt. #, etc.	
City & State DELEON SPRINGS, FL		City & State DELEON SPRINGS, FL	
Zip 32130	Country USA	Zip 32130	Country USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida 04/10/00	
5. FEI Number 65-1000902	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

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	RICHARD F. TREVISAN	4830 STATE ROAD 11	DELEON SPRINGS, FL 32130
D	GAIL C. TREVISAN	4830 STATE ROAD 11	DELEON SPRINGS, FL 32130

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

10/22/03 386-738-3655

Date

Daytime Phone #

CR2E081 (10/02)