

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009218

1. Corporation Name

MARILYN S. TREBLE, P.A.

Principal Place of Business

7720 DEER FOOT DR.  
NEW PORT RICHEY FL 34653

Mailing Address

7720 DEER FOOT DR.  
NEW PORT RICHEY FL 34653

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1993

5. FEI Number

59-3170339

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TREBLE, MARILYN S	7720 DEER FOOT DRIVE	NEW PORT RICHEY FL 34653

100023908461  
10/17/03--01062--017 \*\*150.00

8. Name and Address of Current Registered Agent

TREBLE, MARILYN S  
7720 DEER FOOT DR.  
NEW PORT RICHEY FL 34653

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Marilyn S. Treble*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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., 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:

*Marilyn S. Treble*  
MARILYN S. TREBLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 (727) 376-9301  
Daytime Phone #

CR2E040 (7/03)

# **Frank Cirone Incorporated**

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*"it's not what you make, it's what you keep that matters."*

5833 U.S. Hwy 19, #12  
New Port Richey, Florida 34652  
Office: (727) 845-0099 / Fax (727) 847-1088

October 15, 2003

Florida Department of State

Gentlemen:.

Attached registrant is requesting waiver of penalty for filing late.

Applicant was hospitalized during reregistration period, and told husband to send check in for \$ 150.00. While she was hospitalized, her husband became ill and had a "pig" heart valve replaced. When wife came out of the hospital, she had to take care of her husband, and completely forgot about her renew check.

Taxpayer has been incorporated since 02-05-1993, and this is the first time she has had a renewal problem. Taxpayer is requesting relief from her penalty, and his submitting her annual fee of \$ 150.00.

  
MARILYN S. TREBLE, PRES.

Sincerely,  
  
Frank Cirone

**TAX ACCOUNTING \* FINANCIAL SERVICES  
INSURANCE \* REAL ESTATE**