

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000009246**

1. Corporation Name

TREVOR INVESTMENTS, INC.

FILED
01 APR 30 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 7936
SARASOTA FL 34278

3908-26 STREET WEST
MAIL STOP 9446
BRADENTON FL 34205



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4040 VERNA BETHANY RD.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1994

5. FEI Number

65-0475020

Applied For

Not Applicable

City & State
MYAKKA CITY FL

City & State

Zip
34251

Country
USA

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MANFULL, WILLIAM L	4040 VERNA BETHANY RD APT 100-568E	MYAKKA CITY FL 34251
			300004219359-0 05/16/01-01031-002 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

FELDMAN, MARC H
3908 26TH ST. W.
BRADENTON FL 34205

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.

Signature of
Registered Agent

Date 11/22/00

REGISTERED AGENT MUST SIGN

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 or 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

Date

Daytime Phone #

CR20040 (8/00)