

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 29 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # D94000037291

**1. Corporation Name**

TRELLA ENTERPRISES, INC

**2. Principal Office Address**

21826 OCEAN PINES DR

Suite, Apt. #, etc.

City & State

LAND O' LAKES FL

Zip

34639

Country

**3. Mailing Office Address**

21826 OCEAN PINES DR

Suite, Apt. #, etc.

City & State

LAND O' LAKES FL

Zip

34639

Country

**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3247289

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

GLENN TRELLA

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

21826 OCEAN PINES DR

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34639

700035786417

05/07/04--01095--016 \*\*150.00

700035786417

05/07/04--01095--017 \*\*150.00

**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

Glenn Trella

REGISTERED AGENT MUST SIGN

Date

4/21/04

**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
<u>DP</u>	<u>GLENN TRELLA</u>	<u>21826 OCEAN PINES DR</u>	<u>LAND O LAKES, FL 34639</u>

**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:

Glenn Trella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/04

Daytime Phone #

CR2E081 (07/04)

6

Attachment

# P940000 37291

2 of 2

**TRELLA ENTERPRISES INC.**  
COMMERCIAL & RESIDENTIAL  
DESIGNS

4/22/04

To whom it may concern,

I am requesting that the re-statement fee be waived due to the fact that I never received the annual report form for 2003. I hope you will grant this request. Enclosed is a check for \$150.00. If you would be so kind as to have a representative contact me, I would appreciate it.

Sincerely  
Glenn Rulke