

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700009880337

01/06/03--01088--013 \*\*750.00



02

DOCUMENT # P95000053607

1. Corporation Name

TRUST HOMES AND DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1450 KASTNER PLACE  
STE 128  
SANFORD FL 32771

1450 KASTNER PLACE  
STE 128  
SANFORD FL 32771

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

2. New Principal Office Address, If Applicable

711 County Rd 15

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 471177

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1995

5. FEI Number

59-3340462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
LAKE MONROE, FL.

City & State  
LAKE MONROE FL.

Zip  
32747

Country  
Seminole

Zip  
32747

Country  
Seminole

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

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

FELGENHAUER, KEVIN C

1450 KASTNER PL. STE 128

SANFORD FL 32771

8. Name and Address of Current Registered Agent

FELGENHAUER, KEVIN  
1450 KASTNER PLACE  
STE 128  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

FELGENHAUER, KEVIN

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

169 Steeple Chase Circle

Suite, Apt. #, Etc.

City  
Sanford

State  
FL

Zip Code  
32771

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

REGISTERED AGENT MUST SIGN

Date 12-11-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-11-02 407-323-7337

CR2E040 (8/02)