

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 OCT 28 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093507**

1. Corporation Name

TREBLE CLEF INC.

Principal Place of Business

1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403

Mailing Address

1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0648958

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVSD	WILCOX, CINDY	1092 BEDFORD AVENUE	PALM BEACH GARDENS FL 33403
T	CHANDLER, SHIELDON	3540 WHITE HALL DRIVE STE 302	WEST PALM BEACH FL 33401
			800001997518--6 -11/06/96-01036-017 ***375.00 ***375.00

REINSTATEMENT *de 10/15/96*

8. Name and Address of Current Registered Agent

WILCOX, CINDY
1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403

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

Cynthia Wilcox **REQUIRED**
REGISTERED AGENT MUST SIGN

Date

10/15/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Cynthia Wilcox **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/96

561 9649561
Daytime Phone #