

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47439

1. Corporation Name

TRILLIUM MANAGEMENT CORP.

2. Principal Office Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 103

City & State

Naples, Florida

Zip

34108

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1991

5. FEI Number

650263568

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

David M. Gruber, CPA

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

5150 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 501

City

Naples

State

FL

Zip Code

34103

10000592863 1--8

-06/25/02--01082--025

*****1200.00 ***1200.00**

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

[Signature] **CNA**

Date **4/29/02**

REGISTERED AGENT MUST SIGN

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
D/P	John H. Stevens	50 Seagate Drive	Naples, Florida
			1050.00 - Adm
			61.25 - AR
			88.75 - AR Supp

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25/02 (941) 566-9615

Date

Daytime Phone #

CP2E081 (9/01)