

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 NOV 14 AM 8:00

DOCUMENT # **V62772**

1. Corporation Name

**TREVERON, INC.**

Principal Place of Business

Mailing Address

24 BLUEWATER POINT ROAD  
 BLUEWATER BRANCH  
 NICEVILLE FL 32578  
 US

P O BOX 1234  
 NICEVILLE FL 32588  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *03*

4. Date Incorporated or Qualified To Do Business in Florida

09/10/1992

5. FEI Number

59-3175798

Applied For

Not Applicable

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
D	GAETZ, DONALD	24 BLUEWATER POINT ROAD	NICEVILLE FL
D	GAETZ, VICTORIA	24 BLUEWATER POINT ROAD	NICEVILLE FL

200024704232  
 11/14/03--01031--020 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAETZ, DONALD  
 24 BLUEWATER POINT ROAD  
 NICEVILLE FL 32578

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

*Nov 10 - 03*

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

*[Handwritten Signature]* DONALD GAETZ

Date

*Nov 10 - 03*

Daytime Phone #

850-  
 897-  
 5747

CR2E040 (7/03)