

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -9 PM 4:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000011628

1. Corporation Name

TORCH PROMOTIONS, INC.

2. Principal Office Address

725 NO. A1A RD.

Suite, Apt. #, etc.

SUITE C-115

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

3. Mailing Office Address

725 NO A1A RD.

Suite, Apt. #, etc.

SUITE C-115

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

400062042554
12/09/05--01039--003 **750.00

REINSTATEMENT

03-05
B450-PD

4. Date Incorporated or Qualified
To Do Business in Florida

FEURUARY 1, 2002

5. FEI Number

74-3029322

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

TOM TORSIELLO

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

18894 LOBLOLLY BAY CRT.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

Tom Torsello
REGISTERED AGENT MUST SIGN

Date 12/8/05

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
P	TOM TORSIELLO	18894 LOBLOLLY BAY CRT	JUPITER, FL 33458

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:

Tom Torsello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/05

561-745-1647

Date

Daytime Phone #