

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 MAY -6 AM 11:18

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # **FD7000001500**

1. Corporation Name

TORRE & BRUGLIO, INC.

**REINSTATEMENT** 08-10

200180498072  
05/06/10--01034--022 \*\*458.75

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <b>850. FEATHERSTONE</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PONTIAC, MICHIGAN</b>		City & State	
Zip <b>48342</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>MARCH 16, 2007</b>	
5. FEI Number <b>382405189</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>CT CORPORATION SYSTEM</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>		
Suite, Apt. #, Etc.		
City <b>PLANTATION</b>	State <b>FL</b>	Zip Code <b>33324</b>

**PROFIT CORPORATIONS ONLY**  
☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *Ashley Pipes* Assistant Secretary  
**Ashley Pipes**  
REGISTERED AGENT MUST SIGN

Date

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	FRANK TORRE	850 FEATHERSTONE	PONTIAC, MI 48342
S	FRANK TORRE	850 FEATHERSTONE	PONTIAC, MI 48342
T	FRANK TORRE	850 FEATHERSTONE	PONTIAC, MI 48342
Sole D	FRANK TORRE	850 FEATHERSTONE	PONTIAC, MI 48342

10. E-mail Address: **patc@torreandbruglio.com**

(To be used for future annual report notification)

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. I further certify 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 **FRANK TORRE**

Date

248-452-9007

Daytime Phone #

5/10/10