

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR 91-98
REINSTATEMENT



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

98 JAN 23 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003391

1. Corporation Name

Torrence Corporation, U.S.A., INC.

Principal Place of Business

Mailing Address

8 Lakeland Circle
Jackson, MS. 39216

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 91

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 64-0082219	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	JAMES ALLAN TORRENCE	87 ST. ANDREW DRIVE	JACKSON, MS. 39211
1st. Vice	KIM AVARA TORRENCE		
			500002415175--0 -01/28/98--01103--005 ****758.75 ****758.75
			500002415175--0 -01/28/98--01103--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
J. ALLAN TORRENCE 87 ST. ANDREW DRIVE JACKSON, MS. 39211		Name: JOHN BURWELL Street Address (P.O. Box Number is Not Acceptable): 9815 AULIC 98 WEST Suite, Apt. #, Etc.: UNIT #750 City: DESTIN, FL State: FL Zip Code: 32541	

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/30/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

12/30/97

Date

(601) 981-0397

Daytime Phone #

CR2040 (12/96)