

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033406

1. Corporation Name

PHILIP TORSIELLO CONCRETE FINISHING, INC.

Principal Place of Business

3118 CECELIA DRIVE  
APOPKA FL 32703

Mailing Address

3118 CECELIA DRIVE  
APOPKA FL 32703

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

2. New Principal Office Address, If Applicable

851 W. SR. 436

3. New Mailing Office Address, If Applicable

← Same

Suite, Apt. #, etc.

Suite 1059

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Zip

32714

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/2000

5. FEI Number

59-3638901

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
PD	TORSIELLO, PHILIP	3118 CECELIA DRIVE	APOPKA FL 32703
VD	TORSIELLO, BETH	3118 CECELIA DRIVE	APOPKA FL 32703

300008731863

11/04/02--01107--014 \*\*150.00

8. Name and Address of Current Registered Agent

TORSIELLO, BETH  
3118 CECELIA DRIVE  
APOPKA FL 32703

9. Name and Address of New Registered Agent

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

Beth Torsello  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

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

10/28/02

Date

407-788-0211

Daytime Phone #

CR2E040 (8/02)



Philip Torsiello Concrete Finishing, Inc.  
Philip Torsiello Management, Inc.  
851 W. S.R. 436, Ste. #1059  
Altamonte Springs, FL 32714  
Phone 407-788-0211  
Fax 407-788-3112

October 28, 2002

RE: Philip Torsiello Concrete Finishing, Inc.  
Uniform Business Report  
Doc. # P00000033406

To whom it may concern,

We did not receive our Uniform Business Report until we just received a Notice of Administrative Dissolution or Revocation. Our company had moved and the correct address is listed above. When I called I was instructed to send this letter along with the \$150.00 fee, which is also enclosed.

Sincerely,

Beth Torsiello