

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

03 OCT 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000033406**

1. Corporation Name

PHILIP TORSIELLO CONCRETE FINISHING, INC.

Principal Place of Business

Mailing Address

~~851 W SR 436~~
~~SUITE 1059~~
~~ALTAMONTE SPRINGS FL 32714~~

~~851 W SR 436~~
~~SUITE 1059~~
~~ALTAMONTE SPRINGS FL 32714~~

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

2. New Principal Office Address, If Applicable

5612 CARDER Rd

Suite, Apt. #, etc.

SUITE C

City & State
ORLANDO FL

Zip Country
32810 USA

3. New Mailing Office Address, If Applicable

5612 CARDER Rd

Suite, Apt. #, etc.

SUITE C

City & State
ORLANDO FL

Zip Country
32810 USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TORSIELLO, PHILIP	3118 CECELIA DRIVE	APOPKA FL 32703
VD	TORSIELLO, BETH	3118 CECELIA DRIVE	APOPKA FL 32703

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

Beth Torsello

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

3118 Cecelia Dr.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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
REGISTERED AGENT MUST SIGN

Date 10/15/03

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

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

10/15/03

Date

407-532-2777

Daytime Phone #

CR2E040 (7/03)