

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # P00000034071

1. Corporation Name

TORMENTA, CORP.

2. Principal Office Address

15965 SW 304 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

15965 SW 304 TERRACE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL 33030

City & State

HOMESTEAD, FL 33030

Zip

33030

Country

MIAMI-DADE

Zip

33030

Country

MIAMI-DADE

**REINSTATEMENT**

02

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2000

5. FEI Number

65-0996273

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

JOSE G LIRA

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

15965 SW 304 TERRACE

Suite, Apt. #, Etc.

City

HOMESTEAD

State  
FL

Zip Code

33030

40000864434  
10/29/02 01036 010 \*\*70.00

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

Jose G Lira

REGISTERED AGENT MUST SIGN

Date 10-25-02

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	JOSE G LIRA	15965 SW 304 TERRACE	HOMESTEAD, FL 33030

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:

Jose G Lira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02

Date

Daytime Phone #

CR2E081 (9-01)

11/6/02  
ad