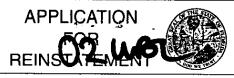
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



# FLORIDA DEPARTMENT OF STATE

### Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P00000093888 DOCUMENT #

1. Corporation Name

TORREY AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1415 TIMBERLAND RD, STE 102 TALLAHASSEE FL 32312

1415 TIMBERLAND RD. STE 102 TALLAHASSEE FL 32312

FILED

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SEURETARY OF STATE TALLAHASSEE, FLORIDA

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	addresses are incorrect in any way, line				1 :	ı			
	incipal Office Address, If Applicable		_	ress, If Applicable	Date Incorporated or Qualified     To Do Business in Florida     10/04/2000				
Suite, Apt.	#, etc.	#, etc.		F FEI Munchan					
City & State	e	3		1 59-3673984 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
•		City & State	•		<u> </u>		Not Applica		
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of State		
7. Names	and Street Addresses of Each Officer ar	d/or Director (FI	lorida nonprofit	corporations must list at lea	ast 3 directors)		·		
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City	/ State / Zip		
D	TORREY, KEVIN R		2137 DORAL DR			TALLAHASSEE FL <del>=02312=</del>			
			1424	1 TERRACE		Curr			
					900 11/01/0	0008758: 0201058018	929 **158.75		
-				<u> </u>	,				
				Of all	^				
	8. Name and Address of Curren	t Registered Ag	ent		9. Name and A	ddress of New Register	ed Agent		
	ey, Kevin R Timberland.Rd, Ste 102	_		s (P.O. Box Number is Not Acceptable)  Etc.					
TALLAI	HASSEE FL 32312	_	Suite, Apt. #, Etc.						
	170			City		F			
10. I, being	appointed the registered agent of the ab	ove named corp	oration, am fam	iliar with and accept the ob	oligations of Section	on 607.0505, F.S. or 617.0	0505, F.S.		
Signature of Registered	Agent SKA	<b>NUTRIC</b>	JUE C	WIRED		Date 10.29	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 filling 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

REGISTERED AGENT MUST SIGN

Daytime Phone #

## TORREYS NEIGHBORHOOD GRILLE

Market Square Shoppes 1415 Timberlane Road Suite 102 Tallahassee, Fl. 32312

Phone 850-893-0326 Fax 850-894-6384

\$7,638-1635

October 29, 2002

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Tallahassee, Fl: 32314-6327

Dear Sir/Madam.

I received a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION on 10-24-02. It states that my corporation has failed to pay the appropriate UBR filing fee for 2002 which was due by 05-01-02. I have not received any notices stating that it was due or any that I was tardy in paying the filing fee. Given the importance of staying in good standing with the STATE OF FLORIDA I would have promptly payed this fee, had I been aware! Please find enclosed a check in the amount of \$150.00, which represents the original amount due. Please contact me at the above daytime phone number if you should have any questions. Thank you for your prompt attention. 1978 - To May

Sincerely,

Kevin R. Torrey