

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000067168

1. Corporation Name

PHILIP TORSIELLO MANAGEMENT, INC.

Principal Place of Business

3118 CECILIA DR.
APOPKA FL 32703

Mailing Address

3118 CECILIA DR.
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

Suite, Apt. #, etc.

Suite 1059

City & State

Altamonte Springs, FL

Zip

32714

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

59-3746715

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
D	TORSIELLO, PHILIP	3118 CECILIA DR.	APOPKA FL 32703
PTD	TORSIELLO, BETH A	3118 CECILIA DR.	APOPKA FL 32703

800008840828

11/06/02 01142 021 **150.00

02 CBR 13

8. Name and Address of Current Registered Agent

TORSIELLO, BETH A
3118 CECILIA DR.
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

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October 28, 2002

RE: Philip Torsiello Management, Inc.
Uniform Business Report
Doc. # 01000067168

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

Beth Torsiello