PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 4:29

DOCUMENT # **P02000080870**

1. Corporation Name

TORRANCE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
111 N. CENTRAL AVE. UMATILLA FL 32784	111 N. CENTRAL AVE. UMATILLA FL 32784

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	PO Box 233 Suite, Apt. #, etc.
City & State	Umatilla, FL City & State
Zip / Country	32784 / Lake Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/24/2002

5. FEI Number: 59-3185674 ☐ 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	TORRANCE, RODNEY	111 N. CENTRAL AVE.	UMATILLA FL 32784
VD	BRITT, TONIA A	9 BONAIRE PLACE	UMATILLA FL 32784
D	TORRANCE, JAMES R	7 CAYMAN CIRCLE	UMATILLA FL 32784

500023966665
10/21/03--01044--019 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TORRENCE, RODNEY 111 N. CENTRAL AVE. UMATILLA FL 32784	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: SIGNATURE Rodney H. Torrance — Date: 10/9/03
REGISTERED AGENT MUST SIGN

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: SIGNATURE Tonia A. Britt — Tonia A. Britt — 10/9/03 — 352-669-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom It May Concern:

We did not receive the prior UBR notices. Our office mailing address is PO Box 233 Umatilla, FL 32784.

Thank you,

Tonia A. Britt

Tonia A. Britt,
Officer