

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108953

1. Corporation Name

TORRES CONSTRUCTION, INC

2. Principal Office Address

5200 N.W. 31 AVENUE

Suite, Apt. #, etc.

B-31

City & State

FORT LAUDERDALE FL

Zip

33309

Country

US

3. Mailing Office Address

5200 N.W. 31 AVENUE

Suite, Apt. #, etc.

B-31

City & State

FORT LAUDERDALE FL

Zip

33309

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/2002

5. FEI Number

14-1854110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee Required  
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

TORRES, IVAN M

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

5200 N.W. 31 AVENUE

Suite, Apt. #, Etc.

B-31

City

FORT LAUDERDALE FL 33309

State  
FL

Zip Code  
33309

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

*Ivan Morales Torres*

REGISTERED AGENT MUST SIGN

Date 12/19/03

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
PD	TORRES, IVAN M	5200 N.W. 31 AVENUE STE # B-31	FORT LAUDERDALE FL 33309

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:

*Ivan Morales Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/03

Date

754 224-8814

Daytime Phone #

CR2E081 (10/02)