

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 29 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000095117

**1. Corporation Name**

TORREON PAINTING INC.

**2. Principal Office Address**

508 ENGEL-DR

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

SAME

City & State

ORLANDO, FLORIDA

City & State

Zip

Country

32807

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

30-0214942

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

JORGE HERNANDEZ

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

508 ENGEL-DR

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32807

**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

Jorge Hernandez

Date

REGISTERED AGENT MUST SIGN

**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
<u>PRE</u>	<u>JORGE HERNANDEZ</u>	<u>508 ENGEL-DR</u>	<u>ORLANDO, FL 32807</u>
	<u>DEZ</u>		

**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:

Jorge Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-380-4436

Date

Daytime Phone #

T. Lewis

CR2081 (01/04)

DECEMBER 29/2004

TO: THELMA LEWIS  
DOCUMENT SPECIALIST SUPERVISOR  
LETTER NUMBER:604A00069123

ACCORDING TO THE CONVERSATION WE HAD ON DECEMBER 15/2004 I AM  
SENDING \$150,00 TO REINSTATE THE CORPORATION TORREON PAINTING  
INC.

PLEASE GIVE ME WAIVER BECAUSE I NEVER RECEIPT THE ANNUAL REPORT  
2004 REINSTATEMENT APPLICATION THE FEES ARE \$600.00 DOLLARS.

ALSO ATTACHED IS THE LETTER I PREVIOUSLY RECEIVED FROM YOUR  
DEPARTMENT WITH REF NO P03000095117

THANK YOU FOR ALL YOUR HELP REGARDING THIS MATTER

SINCERELY YOURS

*Jorge Hernandez*