

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000116249	
1. Entity Name TORRECILLA CORP.	

Principal Place of Business 113 S DEANE DUFF AVE CLEWISTON, FL 33440	Mailing Address 113 S DEANE DUFF AVE CLEWISTON, FL 33440
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

10042005 REIN-P CR2E098 (6/04)

4. FEI Number 01-0654793	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRECILLA, MANUEL 113 S DEANE DUFF AVE CLEWISTON, FL 33440
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: <i>Manuel Torrecilla</i> MANUEL TORRECILLA 10-5-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P TORRECILLA, MANUEL 113 S DEANE DUFF AVE CLEWISTON, FL 33440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300060299549 10/06/05--01043--0107 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V TORRECILLA, AILEEN 113 S DEANE DUFF AVE CLEWISTON, FL 33440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T. Roberts OCT 07 2005 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Manuel Torrecilla</i> MANUEL TORRECILLA 10-5-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 OCT -6 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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