

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000011374

1. Entity Name  
TORIANO'S ENTERPRISE INC.



Principal Place of Business

1190 NW 65TH STREET  
APT. 4  
MIAMI, FL 33150

Mailing Address

P.O. BOX 510574  
MIAMI, FL 33151

2. Principal Place of Business

1165 Jordan Rd. Apt. # A-7  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 542641  
Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

Zip

32953

Country

America

Zip

32954

Country

America



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4. FEI Number

35-2249483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, TORIANO  
1190 NW 65TH STREET  
APT 4  
MIAMI, FL 33150

7. Name and Address of New Registered Agent

Name

Toriano Weaver

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

1165 Jordan Rd. Apt. # A-7

City

Merritt Island

FL

Zip Code

32953

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-10-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WEAVER, TORIANO  
STREET ADDRESS 1190 NW 65TH STREET APT. 4  
CITY-ST-ZIP MIAMI, FL 33150

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Toriano Weaver  
STREET ADDRESS P.O. Box 542641  
CITY-ST-ZIP Merritt Island, FL 32954-2641

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-06

Date

321 213-6265 bus.

321 403-6537 cell.

Phone #

2. Michael

OCT 12 2006