

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000119282

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** MASTER TOUCH INSTALLATIONS, INC.

**Current Principal Place of Business:**

4409 SW 14 AVE.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

4409 SW 14TH AVE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

4409 SW 14 AVE.  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

4409 SW 14TH AVE  
CAPE CORAL, FL 33914 US

**FEI Number:** 81-0678953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRIANI, ELBA  
4342 SW 25 PL  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

TORRES, CLEVERT  
4409 SW 14TH AVE  
CAPE CORAL, FL 33914 US

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.

SIGNATURE: CLEVERT TORRES

04/14/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TORRES, CLEVERT  
Address: 4409 SW 14 AVE.  
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete  
Name: TORRES, CHRISTOPHER A  
Address: 4409 SW 14 AVE.  
City-St-Zip: CAPE CORAL, FL 33914

Title: ST (X) Delete  
Name: TORRIANI, ELBA  
Address: 4342 SW 25 PL  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEVERT TORRES

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date