

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22614

1. Corporation Name

Torre Enterprises, Inc.

2. Principal Office Address

13901 Palm Grove Place

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

33418

Zip

Country

REINSTATEMENT

0104

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

January 18, 1989

5. FEI Number

43-1399034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sophia Junz

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

12589 Woodmill Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

800041905108
10/15/04--01075--004 **500.00

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

Sophia Junz
REGISTERED AGENT MUST SIGN

Date October 12, 2004

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
Pres.	Frank J. Torre	13901 Palm Grove Place	Palm Beach GDns.FL 33418
Sec.	Sophia Junz	12589 Woodmill Drive	Palm Bch Gdns, FL 33418

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:

Frank J. Torre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 12, 2004

Date

561-0592

Daytime Phone #

CR2E081 (10/02)