

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000023861

**Entity Name:** TORRES FENCING, INC.

**FILED**  
**Sep 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3205 N.W. 135 ST.  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

3205 N.W. 135 ST.  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0411963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SYLVIA, TORRES  
3205 N.W 135 ST  
OPAOLCKA, FL 33054 US

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

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:** EFRAIN TORRES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** TORRES, EFRAIN  
**Address:** 3201 NW 135 ST.  
**City-St-Zip:** OPA LOCKA, FL 33054

**Title:** DST  
**Name:** TORRES, SYLVIA  
**Address:** 3201 NW 135TH ST.  
**City-St-Zip:** OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

**SIGNATURE:** SYLVIA TORRES

DP

09/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date