


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED  
 01 NOV - 1 PM 4:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 994000018215

1. Corporation Name  
GREGORY TORCHIA, INC

2. Principal Office Address  
2533 FILMORE ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
HOOLYWOOD, FL

Zip Country  
33020 USA

**REINSTATEMENT** 96-04

4. Date Incorporated or Qualified To Do Business in Florida  
3/3/94

5. FEI Number  
65-0474300

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
WILLIAM GREENE

Street Address (P.O. Box Number is Not Acceptable)  
2300 W SAMPLE ROAD

Suite, Apt. #, Etc.

City  
POMPANO BEACH

State  
FL

Zip Code  
33073

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 William Greene Date 10/20/04

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>GREGORY TORCHIA</u>	<u>2533 FILMORE ST</u>	<u>HOOLYWOOD, FL 33020</u>

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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:  GREGORY TORCHIA 10-26-2004 954 895 4734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE081 (01/04)