

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076431**

1. Corporation Name

TORBAY, INC.

Principal Place of Business

Mailing Address

13020 NW 1ST STREET
PLANTATION FL 33325

13020 NW 1ST STREET
PLANTATION FL 33325



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0745877**

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	ZABALA, JON X.	13020 NW 1ST STREET	PLANTATION FL 33325

7000002698107--9
-11/30/98--01131--010
****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZABALA, JON X.
13020 NW 1ST STREET
PLANTATION FL 33325

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

(954) 422-1096

CR25040 (9/93)

TORBAY, INC.

13020 NW First Street, Plantation, FL 33325

WZ

November 18th, 1998

Florida Dept. of State
Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

After receiving a notice of administrative dissolution or revocation, I contacted your offices and was informed that the filing I made last July was returned to me since it did not include the FEI.

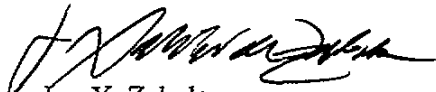
I would like to inform you that as of today I have not received any correspondence, forms or check returned. The only document I have received since the filing was the dissolution notice above mentioned.

I am enclosing the application for reinstatement, and check for \$550.00, same amount as sent with previous filing.

In view that I did not receive any notification of an incomplete filing, I would appreciate it if you would consider this payment as adequate to re-file this case.

Thanking you in advance,

Sincerely,



Jon X. Zabala
President