


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001023

1. Corporation Name

TORRES & ASSOCIATES INC.

Principal Place of Business

Mailing Address

2110 W. 68 ST.
HIALEAH FL 33016

2110 W. 68 ST.
HIALEAH FL 33016

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

9404 S. DIXIE HWY.
Suite, Apt. #, etc.

9404 S. DIXIE HWY
Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip 33156 Country

Zip 33156 Country

REINSTATEMENT 83



800025482558
12/15/03--01010--026 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1997

5. FEI Number

65-0726589

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TORRES YOLANDA R	5041 NW 93 DORAL CIR E	MIAMI FL 33178

800025482558
12/15/03--01010--027 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TORRES, YOLANDA R
2110 W. 68 ST.
HIALEAH FL 33016

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/9/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/03

Daytime Phone #

305-343-1783

CR2E040 (7/03)

Torres and Associates, Inc.
9404 S. Dixie Highway
Miami, Florida 33156
pinecrest@Allstate.com

December 9, 2003

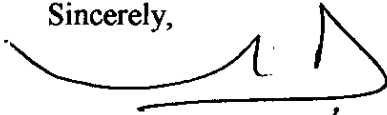
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

As per your instructions, please find a check in the amount of \$150.00 and the application for reinstatement.

I have not received previous UBR'S and elect a penalty fee waiver. Please note that we have a new address since 1.1.03.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Yolanda R. Torres', with a stylized flourish at the end.

Yolanda R. Torres