

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 PM 2:21

DOCUMENT # P97000098781

1. Corporation Name

TORRES TRUCKING & TREE HAULING CORPORATION

2. Principal Office Address

19800 SW 197 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33187

Country

USA

3. Mailing Office Address

19800 SW 197 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33187

Country

USA

CR2E081 (12/05)

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

11/17/1997

5. FEI Number

59-2075188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **1**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mario Torres

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

19800 SW 197 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33187

REINSTATEMENT 99-06

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

Mario Torres

REGISTERED AGENT MUST SIGN

Date 10-19-06

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
D	Torres, Mario	19800 SW 197 Avenue	Miami, FL 33187
D	Torres, Maria H.	19800 SW 197 Avenue	Miami, FL 33187

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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 contained in Chapter 119, 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:

Mario Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-06

Daytime Phone #

W. Williams OCT 23 2006