

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000101537**

1. Corporation Name

TORCHWOOD INC.

2. Principal Office Address

45 COASTAL OAKS CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

45 COASTAL OAKS CIRCLE

Suite, Apt. #, etc.

City & State

PONCE INLET FL

Zip

32127

Country

USA

City & State

PONCE INLET FL

Zip

32127

Country

USA

REINSTATEMENT 02-03
000013044190
02/24/03--01094--006 \$900.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1999

5. FEI Number

59-3612026

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

DARREN RICHARDS

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

45 COASTAL OAKS CIRCLE

Suite, Apt. #, Etc.

City

PONCE INLET

State

FL

Zip Code

32127

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

Date **2-20-03**

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 |
|--------|--------------------------------------|---|----------------------|
| P | Darren Richards | 45 Coastal Oaks Circle Ponce Inlet FL 32127 | Ponce Inlet FL 32127 |
| ST | Marie Richards | 45 Coastal Oaks Circle | Ponce Inlet FL 32127 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-03

Daytime Phone #

386-304-0105

CR2E081 (1/02)

js 2/26