

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
REINSTATEMENT

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

APPROVED
 AND
 FILED

98 DEC 17 PM 1:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S03231

1. Corporation Name

TORRENTE INC.

Principal Place of Business

Mailing Address

1000 W. ISLAND BLVD #1909
 UNIT 1909
 NORTH MIAMI BEACH FL 33160

1000 W. ISLAND BLVD #1909
 UNIT 1909
 NORTH MIAMI BEACH FL 33160

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

08/20/1990

5. FEI Number

65-0221011

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)

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
D	JAMRI, NESSIM	1000 ISLAND BLVD. #1909	NORTH MIAMI BCH FL
VP	JAMRI, TAMMY	1000 ISLAND BLVD. #1909	NORTH MIAMI BCH FL
			100002720711--6-
			-12/23/98--01049--003
			***150.00 ***150.00
			8/12/21

8. Name and Address of Current Registered Agent

NESSIM, JAMRI
 1000 W. ISLAND BLVD #1909
 UNIT 1909
 NORTH MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98

Date

(305) 935-4277

Daytime Phone #