APPLICATION
FOR
REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL -3 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

Name and Mailing Address of Corporation: DOCUMENT # S41241

TORCVAN CORPORATION
914 President Street
Brooklyn, New York 11215

1997 Annual Report

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

Date Incorporated or Qualified to Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
3/26/1991	58-1944030	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED [ ]

Names and Street Addresses of Each Officer and/or Director

Title	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 and State
P	CAO, LAI VAN	914 President Street	Brooklyn N.Y. 11215
D/V	LONGINOTTO, FINN R.T.	914 President Street	Brooklyn, N.Y. 11215
			100002280111--2
			L. Cao 9/3/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BENNETT, JOAN
420 15th Street #3
#200
Miami Beach, FL 33139

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

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

ature of
istered Agent Joan Bennett Date 6/30/97
REGISTERED AGENT MUST SIGN

. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [✓] (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

nature of
or or Director Lai V. Cao Date 6/30/97 Daytime Phone # 218-399-6220

ed or printed name of signing officer or director President

2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 451593 8690A

AUTHORIZATION : Patricia Pujats

COST LIMIT : $ 550.00

ORDER DATE : July 3, 1997

ORDER TIME : 11:24 AM

ORDER NO. : 451593-005

CUSTOMER NO: 8690A

CUSTOMER: Ms. Roxana T. Collazo
Bedzow Korn & Kan, P.a.
P. O. Box 8020

Hallandale, FL 33008

DOMESTIC FILINGS

NAME: TORGVAN CORPORATION

RECEIVED
97 JUL -3 PM 12:23
DIVISION OF CORPORATION

XX ___ REINSTATEMENT / ANNUAL REPORT FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS A. Alan

7/3/97