

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 24 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 296138

1. Corporation Name

Tower Paint Investments, Inc.

2. Principal Office Address

620 West 27th Street

3. Mailing Office Address

620 West 27th Street

Suite, Apt. #, etc.
n/a

Suite, Apt. #, etc.
n/a

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 23, 1965

5. FEI Number

591148838

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

Tower, Muriel

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

6280 West 10th Avenue

Suite, Apt. #, Etc.
n/a

City

Hialeah

State

FL

Zip Code

33012

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

Muriel Tower

Date 10-23-02

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
PD	Tower, Muriel	6280 West 10th Avenue	Hialeah, Florida 33012
D	Tower, Bertram	4176 SE Palmetto Street	Stuart, Florida 34997

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:

Muriel Tower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-02 821-2345

Daytime Phone #

CR2E081 (9/01)