

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -6 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

300013271693
02/28/03--01045--021 **428.75

DOCUMENT # 706865

1. Corporation Name

Tower East Incorporated

2. Principal Office Address

1150 Euclid Ave.

3. Mailing Office Address

1150 Euclid Ave.

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#107

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1964

5. FEI Number

591235709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Benito Raul Batista

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

1150 Euclid Ave.

Suite, Apt. #, Etc.

Apt. 210

City

Miami Beach

State
FL

Zip Code
33139

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

Benito R Batista

Date

2-14-03

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, D	Benito Raul Batista	1150 Euclid Ave., Apt. 210	Miami Beach, FL 33139
T, D	Greg Parsons	1150 Euclid Ave., Apt-301	Miami Beach, FL 33139
S, D	Carmelo Borges	1150 Euclid Ave., Apt. 303	Miami Beach, FL 33139
D	Efrain Cabrera	1150 Euclid Ave., Apt. 108	Miami Beach, FL 33139
D	Aldara Renuelta	1150 Euclid Ave., Apt. 102	Miami Beach, FL 33139
D	Ramon Lopez	1150 Euclid Ave., Apt. 211	Miami Beach, FL 33139
D	Mike Hernandez	1150 Euclid Ave., Apt. 204	Miami Beach, FL 33139

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:

Gregory L. Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-14-03

Daytime Phone #

305-674-7393

CR2E081 (10/02)