

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAR -3 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **837751**

**1. Corporation Name**

TOWER FASTENERS CO., INC.

**2. Principal Office Address**

1690 NO. OCEAN AVENUE

Suite, Apt. #, etc.

**City & State**

HOLTSVILLE, NY

**Zip**

11742

**Country**

USA

**3. Mailing Office Address**

1690 NO. OCEAN AVENUE

Suite, Apt. #, etc.

**City & State**

HOLTSVILLE, NY

**Zip**

11742

**Country**

USA

**REINSTATEMENT**

02-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/26/1977

**5. FEI Number**

11-2143620

**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**

UNITED STATES CORPORATION COMPANY

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

1201 HAYES ST.

Suite, Apt. #, Etc.

**City**

TALLAHASSEE

**State**

FL

**Zip Code**

32301

100048027641  
03/03/05--01008--008 \*\*1200.00

**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

**Brian Courtney  
Asst. V. Pres.**

Date

3/3/05

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
SECR	MOSCHOURIS, JEAN	8 PIMLICO DRIVE	COMMACK, NY 11725
CEO	SHANNON, BRYAN	1690 NO. OCEAN AVENUE	HOLTSVILLE, NY 11742
PRES	LEVA, JOSEPH	28 CLAYTON DRIVE	DIX HILLS, NY 11746
VP	SHANNON, MARK	21 CAROLYN COURT	SAYVILLE, NY 11782
CFO	GIACINTO, JOSEPH	82 ATLANTIC AVENUE	GARDEN CITY PARK, NY 11040

**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:**

Joseph A. Giacinto - CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/02/05

Daytime Phone #

516  
298-7811

CR2E081 (01/05)