

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # F01000004579

1. Corporation Name

Tower Mortgage and Financial
Services Corporation W05-30396

REINSTATEMENT 02-05

2. Principal Office Address

8720 Georgia Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1011

Suite, Apt. #, etc.

City & State

Silver Spring MD

City & State

Zip

20910

Country

Montgomery

Zip

Country

6/20/05 01079 001 1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-2200777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Mark J. Diffenbaugh

Asst. Secretary & V. President

Date

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
Pres.	Xavier H. Torres	10101 Lloyd Road	Potomac, MD 20854
Sec.	Xavier H. Torres	10101 Lloyd Road	Potomac, MD 20854
Treas.	Xavier H. Torres	10101 Lloyd Road	Potomac, MD 20854

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)(f), 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

Date

7/13/05

Daytime Phone #

301-315-0090

CR2001 (06/05)