

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9000004534

1. Corporation Name

The Las Olas Tower Company, Inc.

2. Principal Office Address

4600 NE 23rd Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

2400 E. Las Olas Blvd.

Suite, Apt. #, etc.

#105

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/1994

5. FEI Number

531827315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Susan Long

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

4600 NE 23rd Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date 1/20/04

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/T/D	Phil Long	2400 E. Las Olas Blvd. #105	Fort Lauderdale, FL 33301
VP/S/D	Susan Long	2400 E. Las Olas Blvd. #105	Fort Lauderdale, FL 33301

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:

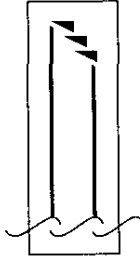
Phil Long

1/21/20/04 954/938-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



The Las Olas Tower Company, Inc.
2400 E. Las Olas Blvd. #105
Fort Lauderdale, FL 33301
954/938-9880
954/938-9884 fax

January 20, 2004

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of The Las Olas Tower Company, Inc.

Attention Division of Corporations;

No Annual Report forms for the above-mentioned Corporation were received during 2003. I spoke to a Mr. Kashton on August 5, 2003 requesting the appropriate forms and a waiver of the penalties under the circumstances. To date, no forms have yet been received which I explained to one of your agents during my conversation regarding reinstatement last week. Only today were we given the correct procedure for filing and instructions as to where the forms could be found on-line by your agent Tina.

I am enclosing a completed form for reinstatement along with the required \$300.00 fee and request reinstatement of The Las Olas Tower Company, Inc. and a waiver of late fees for the year 2003. It is my understanding this request will be processed within five to seven business days.

Thank you for your consideration.

Sincerely,

Phil Long
President