| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | | | | | | | | |
|---|--|-------------|-------------------|--|--|----------------|--|--|------|---------------------------|----------------|-----------|
| REINSTATEMENT | | | | | DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS | | | FILED 05 MAY 24 PM 12: 21 | | | | |
| DOCUMENT # F9700005112 1. Corporation Name TOWER RESOURCES MUNAGEMENT, INC | | | | | | | | | | ETAKT OF ST HASSEE, FL | | |
| | | | | | | | | 700056031657 06/10/0501060004 ** 7 00.00 | | | | |
| l • · · · | | | | | Office Address SH16H5T | | | 2007-7005 | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | | | | A Pole learnested as Oscillad | | | | |
| City & State City & State | | | | | | | | 4. Date Incorporated or Qualified 9 - 30 - 1997 | | | | |
| COLUMBUS OHIO | | | | COLUMBUS OHIO | | | 5. FEI Number 325 2866 Applied For VNot Applicable | | | | | |
| 432 | 206 | Country | | 4320 | 6 | Country USA | | 6. | | 10 DECIDED 17 \$8.75 | Additional Fe | |
| | } | | | 7. 1 | ed Agent | | | | | | | |
| | Name CT CORPORATION SYSTEM | | | | | | | | | | | |
| ! | Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND KD | | | | | | | | | | | |
| | Suite, Apt. | | 200 | 111 | | <u>D</u> QC |)56831 -000000 | 557 5 **8.7 | 5 | | | |
| | City PLANTATION | | | | | | | State Zip Code | | | | |
| | <u>نــــــــــــــــــــــــــــــــــــ</u> | | | | | | | <u> Les</u> in | FL | 3332 | 7 | <u> و</u> |
| 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 Assistant Secretary Date 5-23-05 REGISTERED AGENT MUST SECRETARY | | | | | | | | | | | CR2E081 (01/05 | |
| 9. Names | and Street A | ddresses of | Each Officer and/ | | orida nonproi | n corporadons | must sist at le | ast 3 directors) | , | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | |
| D18. | Stev | en D | Keech | | 979 | S H161 | t ST. | | cow | MBUS OH | 4320 | 6 |
| DIR, PRES | Willi | Am F | crow Le | 4 | 2530 | RIVA | PD S | ile 312 | ANN | tpous mo | 2140 | / |
| Séc. | Stew | en D | Keech | · | 479 | Stli | 6H ST | - | cou | umbus o | H 432 | 04 |
| | | | | | | | | | | | | |
| | | | | | { | | | | | | | • |
| | | | | - <u>-</u> | | | | ····· | | | | |
| 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date | | | | | | | | | | | | |
| | S | IGNATURE A | ND TYPEO OR PRI | TIEU NAME OF | SIGNING UFF | TOER OR DIREC | IUK | | wate | Jayu | | 1 |



Department of State FL 409 East Gaines St Tallahassee, FL 32399 Attn: Michelle Milligan

May 20, 2005

Michelle,

I spoke with you on the phone Friday regarding re-instatement of Tower Resource Management, Inc. as a foreign corporation. I am enclosing the \$600.00 for the past 4 years owed, as I understand the other fees are being waived.

Please let me know if there is anything else you need from me. Is there any way I can be sure everything gets taken care of and we are re-instated? My number and email are listed below, if I could be alerted that way, I would be extremely grateful.

I really appreciate you help and the information so I could get this taken care of so quickly!! Thanks.

Sincerely,

Tami Taylor

Human Resource Manager