PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # F990000 5789 Tower Clening Systems, Inc. REMSTATEMENT 04-05 2. Principal Office Address 3. Mailing Office Address TCRZEDSTIGIOSIEC 05 TITLE 1880 Markley Street 1880 Markley Street Suite, Apt. #, etc. 4. Date Incorporated or Qualified Filed 10/9/99 5. FEI Number Norristown 232*5 22463* 9401 CERTIFICATE OF STATUS DESIRED Montsomery 7. Name and Address of Current Registered Agent 700062126697 /13/05 01056 004 **8. orporation Street Address (P.O. Box Number is Not Acceptable) **700062126697** 12/13/05--01056--005 ***15 Suite, Apt. #, Etc. Zip Code Plantation 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. MARGARET E. ROUTZAHN Kargaret & Plan 11/29/05 Signature of REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip 19401 9401 700062126697 12/13/05--01056--006 ***750.00 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 filling 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 apculate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: