

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 AUG 22 PM 4:16
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41924

1. Corporation Name

TOWER 40, INC

~~W/111370~~

REINSTATEMENT

08-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

5660 COLLINS AVENUE

3. Mailing Office Address

5660 COLLINS AVENUE

Suite, Apt. #, etc.

12 C

Suite, Apt. #, etc.

12 C

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33140

Country

DADE

Zip

33140

Country

DADE

4. Date Incorporated or Qualified

To Do Business in Florida 10/28/1988

5. FEI Number

650083969

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

KAREN DEUTSCH BOOKBINDER

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

5660 COLLINS AVENUE

Suite, Apt. #, Etc.

12 C

City

MIAMI BEACH

State

FL

Zip Code

33140

600211323726
08/22/11--01051--006 **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

Karen Deutsch Bookbinder

REGISTERED AGENT MUST SIGN

Date June 3, 2011

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	Karen D Bookbinder	5660 Collins Avenue	Miami FL 33140
T	Karen D Bookbinder	5660 Collins Avenue	Miami FL 33140

10. E-mail Address: Book402590@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Karen Deutsch Bookbinder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/2011

Date

Daytime Phone #

0/13