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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

\$50.00

2003 NOV 17 AM 8:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031763

Name and Mailing Address

0013909 01 AT 0,292 **AUTO T1 0 0615 33904-851740

TOWERS ENTERPRISES, L.L.C.
540 S.E. 47TH TERRACE
CAPE CORAL FL 33904-8517

| | | | |
|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/25/2002 | |
| Principal Place of Business 540 S.E. 47TH TERRACE CAPE CORAL FL 33904 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 90-0053684 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent TORRES, AGUSTIN J 540 S.E. 47TH TERRACE CAPE CORAL FL 33904 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200024187862 10/28/03--01012--014 **50.00 City FL Zip Code | | | |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date 10/21/03 REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| Pres | Agustin J. Torres | 4801 TARPON CT CAPE CORAL, FL 33904 | CAPE CORAL, FL 33904 |
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| 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i> SIGNATURE REQUIRED Date 10/21/03 Daytime Phone # 239-945-1118 Typed or printed name of signing Managing Member/Manager | | | |

CR2E084 (7/03)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Attn.: Ms. Glenda E. Hood

Reference: Document # L02000031763
Towers Enterprises, L.L.C.

~~Date: October 21, 2003~~

We're sending you this notice to explain you that we didn't receive the last form for renovation of the Registered Agent.

We previously called to your office regarding this matter. They explained and advised me to write to you with a payment of US\$50.00, which we're enclosing here.

Sincerely



TOWERS ENTERPRISES, L.L.C.
Agustin Torres - President