

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M96748**

1. Corporation Name  
**Tower Systems, Inc.**

Principal Place of Business  
**375 Midway Road**  
**Ft. Pierce, FL 34982**

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**40 Pinnacle Towers, Inc.**  
**Attn: Decker A. Todd**  
 Suite, Apt. #, etc.  
**1549 Ringling Blvd, 3rd Floor**

City & State

**Sarasota, FL**

Zip

**34234**

Country

**USA**

*[Handwritten signature]*

**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida

**Incorporated August 31, 1988**

5. FEI Number

**65-0069639**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V.P.	Robert J. Wolsey	8944 Fishermans Bay	Sarasota, FL 34231
P.C.O.	James R. Dell'Apa	1009 St. Ann Street	New Orleans, LA 70116
V.P.	Steven R. Day	361 C'Esgane Street	Osprey, FL 34229
S.T.D.	Decker A. Todd	803 Benninger Drive	Breardon, FL 33510
			000002918930--5
			06/29/99--01068--018
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

**Margaret E. Webb**  
**375 Midway Road**  
**Ft. Pierce, FL 34982**

9. Name and Address of New Registered Agent

Name  
**CT Corporation Systems**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd.**  
 Suite, Apt. #, Etc.

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Handwritten signature: Connie Bryan]*

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

Date

**6/24/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

*[Handwritten signature: Decker A. Todd]*

**Decker A. Todd**  
 Secretary, Treasurer, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/23/99**

Date

**941-364-8886, Ext 102**

Daytime Phone

CR20040 (1/98)