

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000078830

1. Corporation Name

TOWER RESOURCES, INC.

REINSTATEMENT

200030563532
03/16/04--01050--021 **1058.75

2. Principal Office Address

7350 S.TAMIAMI TRAIL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#85

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

Zip

34231

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/21/2000

5. FEI Number

651035185

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

BARBARA DEIGHTON

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

7350 S. TAMIAMI TRAIL

Suite, Apt. #, Etc.

#85

City

SARASOTA

State
FL

Zip Code
34231

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

Barbara Deighton
REGISTERED AGENT MUST SIGN

Date 3/08/04

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/S/T	BARBARA DEIGHTON	7350 S. TAMIAMI TRAIL #85	SARASOTA, FL 34231
D	BARBARA DEIGHTON	7350 S. TAMIAMI TRAIL #85	SARASOTA, FL 34231
V/D	ROBERT H. DEIGHTON III	1908 N. BRINK AVENUE	SARASOTA, FL 34234
V/D	WILLIAM DEIGHTON	449 PATTERSON AVENUE	OSPREY, FL 34229
V/D	HARKNESS HAUPT	3716 SANDSPUR LANE	NOKOMIS, FL 34275

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:

Barbara Deighton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/04

Date

941-685-5657

Daytime Phone #

CR2E081 (01/04)