

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000016494

1. Corporation Name

TOWERTEK INDUSTRIES, INC.

Principal Place of Business

P.O. BOX 222144  
HOLLYWOOD FL 33022

Mailing Address

P.O. BOX 222144  
HOLLYWOOD FL 33022

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/13/2001

5. FEI Number

65-1079350

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DONNELLY, KERRY P	820 S. SOUTHLAKE DRIVE	HOLLYWOOD FL 33019

100008640651  
10/29/02--01008--024 \*\*600.00

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

KERRY DONNELLY

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

3325 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

SUITE #401

City

HOLLYWOOD

State

FL

Zip Code

33021

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. or 617.0505, F.S.

Signature of  
Registered Agent

*K. Donnelly*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-17-02

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., 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:

*K. Donnelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT

Date

OCT-25-2002 954-966

Daytime Phone # 8182

02 NOV 26 AM 8:25

SECRETARY OF STATE  
000008228770  
11/26/02--01053--001 \*\*150.00



REINSTATEMENT 02

CR2E040 (8/02)