

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -8 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000057044

1. Corporation Name

TOWERS INTERNATIONAL OF HOLLYWOOD, INC.

2. Principal Office Address

4419 HOLLYWOOD BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

Zip

33021

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 5/22/02

5. FEI Number

45-0479292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

MRS

7. Name and Address of Current Registered Agent

Name

CRISTHIAN CREVOISIER

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

4419 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Crithian D. Crevoisier

Date 4/1/04

REGISTERED AGENT MUST SIGN

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
PRES	CRISTHIAN CREVOISIER	4419 HOLLYWOOD BLVD	HOLLYWOOD, FL 33021
VP	JULIO CREVOISIER	4419 HOLLYWOOD BLVD	HOLLYWOOD, FL 33021
S,T	JOEL CREVOISIER	4419 HOLLYWOOD BLVD	HOLLYWOOD, FL 33021

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:

Crithian D. Crevoisier

4/1/04

754-264-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)