


1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 NOV 28 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
WD 1000043969

DOCUMENT # P04000141204  
1. Corporation Name  
**TOWER1 UNIT 906 INC**

2. Principal Office Address - No P.O. Box # <b>16859 SW 165 STREET</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pembroke Pines, FL</b>		City & State	
Zip <b>33027</b>	Country	Zip	Country

**REINSTATEMENT**

4. Date incorporated or Qualified To Do Business in Florida.

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**MANUEL PEDRAZA**

Street Address (P.O. Box Number is Not Acceptable)  
**16859 SW 165 STREET**

Suite, Apt. #, Etc.


City  
**Pembroke Pines**

State  
**FL**

Zip Code  
**33027**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **08-30-07**

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
P	Manuel Pedraza	16859 SW 165 STREET	Pembroke Pines, FL
VP	Juan Guillermo Ospina	16859 SW 165 STREET	Pembroke Pines, FL
T	Doris Echavarria	16859 SW 165 STREET	Pembroke Pines, FL
S	Sandra Zuñiga	16859 SW 165 STREET	Pembroke Pines, FL

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 contained in Chapter 119, 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:  **MANUEL PEDRAZA** Date **08-30-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : CONTANTI TAX  
Account Number : I20070000055  
Phone : (305)461-4788  
Fax Number : (305)675-3753

**CORPORATION REINSTATEMENT**

**TOWER1 UNIT 906 INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>\$1,050.00</del>

\$ 450.00

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