

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000129412

1. Corporation Name

TOWER GROUP INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #

1200 BRICKELL AVE

Suite, Apt. #, etc

1950

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

1200 BRICKELL AVE

Suite, Apt. #, etc.

1950

City & State

MIAMI FL

Zip

33131

Country

USA

FILED
2019 MAR 28 PM 1:51
600326236746
03/28/19--01018--011 **150.00
600326236746
03/15/19--01022--001 **150.00
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
10/09/2006

5. FET Number
20-8432556

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name

JENNIFER VAZQUEZ

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

1200 BRICKELL AVE

Suite, Apt. #, Etc

1950

City

MIAMI

State

FL

Zip Code

33131

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

Jennifer Vazquez

REGISTERED AGENT MUST SIGN

Date 03/08/2019

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
D	GONZALO LOPEZ JORDAN	1200 BRICKELL AVE STE 1950	MIAMI FL 33131

REINSTATEMENT 10
2010-2019

10. E-mail Address: info@nataconiafinancial.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gonzalo Lopez Jordan
GONZALO LOPEZ JORDAN

03/08/19 205 792 2970
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR