

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000048783

**FILED**  
**May 25, 2011**  
**Secretary of State**

**Entity Name:** TOWER PRO SERVICES, INC

**Current Principal Place of Business:**

616 BEN FRANKLIN PLACE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

4894 CASSON COVE DR  
206  
ORLANDO, FL 32811 US

**Current Mailing Address:**

616 BEN FRANKLIN PLACE  
ORLANDO, FL 32809 US

**New Mailing Address:**

4894 CASSON COVE DR  
206  
ORLANDO, FL 32811 US

**FEI Number:** 27-0323941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

HAIR DRESSER USA, INC  
616 BEN FRANCKLYN PLACE  
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JAMES PIERRE LOUIS

05/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** SENATUS, HEMAITRE  
**Address:** 616 BEN FRANKLIN PLACE  
**City-St-Zip:** ORLANDO, FL 32809 US

**Title:** S, T  
**Name:** SENATUS, HEMAITRE  
**Address:** 616 BEN FRANKLIN PLACE  
**City-St-Zip:** ORLANDO, FL 32809 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HEMAITRE SENATUS

PRES

05/25/2011

Electronic Signature of Signing Officer or Director

Date