

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION  
REINSTATEMENT**

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUN 26 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063230

1. Corporation Name

Tower Marine, Inc.

2. Principal Office Address

1061 NW 53rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

1061 NW53rd Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1994

5. FEI Number

65-0515601

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elton Powers

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

1061 NW53rd Street

Suite, Apt. #, Etc.

~~388884461933~~ -3  
-07/06/01--01035--007  
\*\*\*\*388.00 \*\*\*\*00.00

City

Fort Lauderdale

State

FL

Zip Code

33309

**Sign & Date**

Signature of  
Registered Agent

*Elton W. Powers*

REGISTERED AGENT MUST SIGN

Date 6/4/01

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
PD	Elton Powers	11959 NW 30th Court	Coral Springs FL 33065
ST	Carolyn Powers	11959 NW 30th Court	Coral Springs FL 33065

REINSTATEMENT 00-01 TS

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. Information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Sign & Date**

SIGNATURE:

*Elton W. Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/01

Date

954-491-5155

Daytime Phone #