


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p97000075015

1. Corporation Name
G TOWERS, INC.

2. Principal Office Address 8725 NW 18 Terrace		3. Mailing Office Address 8725 NW 18 Terrace	
Suite, Apt. #, etc. Suite 403		Suite, Apt. #, etc. Suite 403	
City & State Doral, Florida		City & State Doral, Florida	
Zip 33172-2622	Country USA	Zip 33172-2622	Country USA

FILED
06 AUG 28 PM 4:14
SECRETARY OF STATE
REINSTATEMENT 99-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida **08/28/1997**

5. FEI Number **65-0777070**

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

7. Name and Address of Current Registered Agent

Name
Eleazar A. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
8725 NW 18 Terrace

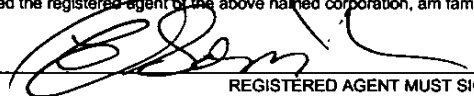
Suite, Apt. #, Etc.
Suite 403

City
Doral

State
FL

Zip Code
33172-2622

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.

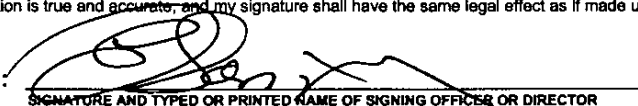
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **8/7/2006**

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	Eleazar A. Gonzalez	8725 NW 18 Terrace, Suite 403	Doral FL 33172-2622
S/T	Andres Mendez	8725 NW 18 Terrace, Suite 403	Doral FL 33172-2622

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/7/2006**

Daytime Phone # **305-395-3532**