


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000015732

1. Entity Name
TOWER COMMUNICATION MAINTENANCE, INC.



FILED
05 FEB 25 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3516948

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

DAVID A. DUKE
607 'H' STREET WEST
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David A. Duke David A. Duke 2-21-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, SUZANNE F 607 'H' STREET WEST FROSTPROOF, FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, DAVID A 607 'H' STREET WEST FROSTPROOF, FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Duke David A. Duke 2-21-05 863-528-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

Feb. 1, 2005

Enclosed you will also have the filing fee for 2004 and 2005 totaling \$300.00. You will also see the reinstatement document because our corporation was dissolved effective 9/17/04. I am asking that this reinstatement fee be waived due to our family's loss during the 2004 hurricane season. We live in Polk County and our home was approximately 12 miles from the exact location of impact for 3 out of our 4 hurricanes that hit central Florida. Our business is located in our home and our home was badly damaged due to mold. We had to be relocated and even at this date we can't return to our home. I know that there have been other state agencies that have assisted those affected by the hurricane and hope that your agency will also be considerate in waiving those reinstatement fees. Thanks you.

Suzanne Duke

Suzanne Duke
Tower Communication Maintenance, Inc.