
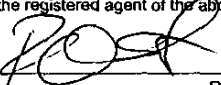
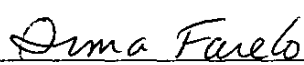


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 MAR 21 AM 8:05
DOCUMENT # P98000039432			
1. Corporation Name TOWER SYSTEMS GROUP INC.			
2. Principal Office Address 6905 Bay Drive Suite, Apt. #, etc. Suite#1 City & State Miami Beach, FL Zip 33141		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		REINSTATEMENT 00-02	
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0865863 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name BUSINESS FILING INCORP. Street Address (P.O. Box Number is Not Acceptable) 1000 West Avenue Suite, Apt. #, Etc. No#1114 City Miami Beach, FL			
State FL Zip Code 33139			
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  Date 3/15/02 REGISTERED AGENT MUST SIGN			
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
Director	Irma Farelo	6905 Bay Dr. Suite#1	Miami Beach, FL 33141
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. 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: 		2/27/02 1888-523-8884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (9/01)