

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200030951122
03/23/04--01113--010 **300.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000039432

1. Corporation Name

TOWER SYSTEM GROUP, INC.

2. Principal Office Address 15841 PINES BLVD BOX 193	3. Mailing Office Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL	City & State
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Zip 33027-1220	Country US	Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida	5/31/1999
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5. FEI Number 65-0865863	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
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7. Name and Address of Current Registered Agent

Name A AND J ADVISORY SERVICE INC		
Street Address (P.O. Box Number is Not Acceptable) 2620 BUTTONWOOD AVE		
Suite, Apt. #, Etc.		
City MIRAMAR	State FL	Zip Code 33025

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 **3/14/2004**

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
P, S, T	IRMA FARELO	15841 PINES BLVD BOX 193	PEMBROKE PINES FL 33027-1220

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: Irma Farelo **Irma Farelo President** **3/14/2004** **(954) 558-3528**

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

TOWER SYSTEM GROUP, INC.
15841 PINES BLVD BOX 193
PEMBROKE PINES, FL 33027-1220

**DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE FL 32302-1500**



State Mailing Slip