

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 8:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P99000094416*

1. Corporation Name

TOWER MORTGAGE CORPORATION

2. Principal Office Address

10557 N.W. 10 CT

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip
33322

Country

USA

3. Mailing Office Address

6538 Collins Ave

Suite, Apt. #, etc.

STE 213

City & State

MIAMI BEACH, FL

Zip
33141

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/26/1999

5. FEI Number

65-0977075

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

LISA A. FRADE

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

6538 Collins Ave.

Suite, Apt. #, Etc.

Ste. 213

City

MIAMI BEACH

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****150.00 ****150.00

[Signature]

State
FL

Zip Code

33141

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

[Signature]

Date *2/6/02*

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
<i>PRES</i>	<i>LISA A. FRADE</i>	<i>6538 Collins Ave., #213</i>	<i>MIAMI BEACH, FL 33141</i>
<i>V.P.</i>	<i>MANUEL J. FRADE</i>	<i>6538 Collins Ave., #213</i>	<i>MIAMI BEACH, FL 33141</i>
<i>SEC</i>	<i>LISA A. FRADE</i>	<i>6538 Collins Ave., #213</i>	<i>MIAMI BEACH, FL 33141</i>
<i>TREA.</i>	<i>MANUEL J. FRADE</i>	<i>6538 Collins Ave., #213</i>	<i>MIAMI BEACH, FL 33141</i>

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****308.75 ****308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-06-2002 954-423-3171

CR2E081 (9/01)