

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 16 PH 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094416

1. Corporation Name

TOWER MORTGAGE CORPORATION

10557 N W 10TH COURT
6538 COLLINS AVENUE

2. Principal Office Address

10557 N W 10TH COURT

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33322

Country

DADE

3. Mailing Office Address

6538 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE #213

City & State

MIAMI BEACH, FLORIDA

Zip

33141

Country

DADE

400036520764
05/17/04--01069--007 **300.00

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 10/26/1999**

5. FEI Number
65-0957075

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 AVENUE

Suite, Apt. #, Etc.

SUITE 213

City

MIAMI BEACH

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

Lisa A Fraide

Date

5/6/04

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
PS	LISA A FRADE	6538 COLLINS AVENUE #213	MIAMI BEACH, FLORIDA 33141
VT	MANUEL J FRADE	6538 COLLINS AVENUE #213	MIAMI BEACH, FLORIDA 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)(l), 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

5/6/04

Daytime Phone #

2 of 2

Maring BOOKKEEPING SERVICE, INC.

5795 Orange Drive, Davie, FL 33314
Dade (305) 895-3466 • Broward (954) 792-5075 • FAX (954) 792-5062

INCOME TAX • CORPORATE RETURNS • PARTNERSHIP • SMALL BUSINESS

August 9, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Tower Mortgage Corporation

Attention: Ruby Dunlap

My client **never received their Annual Uniform Business Report** to file,
we are asking for some consideration in abating the penalties for non-filing.

Thank you in advance for your time and consideration in helping us clear up this
matter.

Thank You,



Jeannie Murphy
Maring Bookkeeping Service, Inc.