

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109120

1. Corporation Name

TOWER PUBLICATIONS, INC.

Principal Place of Business

2251 NW 41ST STREET,STE.B  
GAINESVILLE FL 32606

Mailing Address

2251 NW 41ST STREET,STE.B  
GAINESVILLE FL 32606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1999

5. FEI Number

36-4339908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DELATORRE, CARLOS	2251 NW 41ST STREET,STE.B	GAINESVILLE FL 32606
VSTD	DELATORRE, BONITA D	2251 NW 41ST STREET,STE.B	GAINESVILLE FL 32606

600023712626  
10/10/03--01072--009 \*\*150.00

8. Name and Address of Current Registered Agent

DELATORRE, CARLOS

~~5110 NW 24TH DRIVE~~  
~~GAINESVILLE FL 32606~~

9. Name and Address of New Registered Agent

Name

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

14524 NW 41<sup>st</sup> AVE

Suite, Apt. #, Etc.

City

NEUBERRY

State

FL

Zip Code

32609

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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

10/8/03

Daytime Phone #

CR2E040 (7/03)

# Tower Publications Inc.

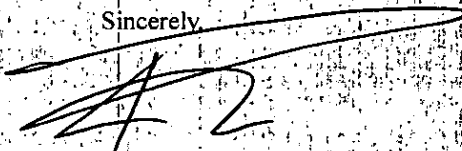
October 9, 2003

Re: Corporate reinstatement

To Whom It May Concern:

This letter is in reference to an application for reinstatement I received concerning Tower Publications, Inc., a company I own doing business in Gainesville, Florida. Per instructions on the reinstatement applications as well as your phone system, this letter is to inform you that I have never received any type of corporate filing instructions throughout this year. I did not receive any documentation requesting that I return a form concerning my company. I have completed the reinstatement application and enclosed a check for \$150, the appropriate filing fee. Please consider my request to be reinstated without penalty due to my not receiving any documentation. I look forward to hearing from your office concerning this issue.

Sincerely,



Charlie Delatorre  
President  
Tower Publications

2251 NW41 STREET SUITE B • GAINESVILLE, FLORIDA • 32606

PHONE: 352-372-5468 • FAX: 352-373-9178

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