

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 14 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 LOR

DOCUMENT # P0000049028

1. Corporation Name
MANZUR, INC.

Principal Place of Business
1300 CORAL WAY SUITE 309
MIAMI FL 33145

Mailing Address
1300 CORAL WAY SUITE 309
MIAMI FL 33145



900008994859
11/14/02--01025--003 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/17/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-1010928	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MANZUR, RAIF	430 MILLER ROAD	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent

IVETTE RODRIGUEZ, P.A.
IVETTE RODRIGUEZ, ESQ.
201 ALHAMBRA CIRCLE SUITE 500
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Eduardo Ovies
Street Address (P.O. Box Number is Not Acceptable) 2307 Douglas Road # 400
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33145

CR2E040 (8/02)

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

11/8/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/02 (305)

MANZUR, INC.

1300 Coral Way
Suite 309
Miami, FL 33145
Tel: 305-342-9767
Fax: 305-859-8281

November 8, 2002

Secretary of State
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Dear Sir or Madam;

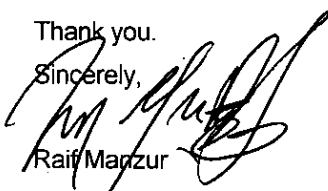
I received an Application for Reinstatement form your department. I as president and director of the corporation want to state that we did not receive the prior URB notices that supposedly should have been sent to us. This is unusual because we have maintained our corporate and Mailings addresses since we incorporated. You can be assured that if we had received them we would have taken appropriate action as we are doing now.

Enclosed you will find the completed reinstatement form and a check for the URB filing fee of \$150.00.

Please confirm to us that the documents were received and processed. If you require any additional information please contact us.

Thank you.

Sincerely,



Raif Manzur

President