PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 14 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V68148

1. Corporation Name
Mannikko Enterprises, Inc.

REINSTATEMENT 97-05

100057456401
07/14/05--01020--001 **1958.75

2. Principal Office Address	**3.** Mailing Office Address
870 sw Martin Downs Blv	4300 sw Boat Ramp Ave
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.
City & State: Palm City Florida	City & State: Palm City Florida
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 22 Sept 1992

5. FEI Number: 65-0380238 ☐ 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: Joseph L. Mannikko
Street Address (P.O. Box Number is Not Acceptable): 4300 SW Boat Ramp Avenue
Suite, Apt. #, Etc.:
City: Palm City State: FL Zip Code: 34990

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 7.13.05
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,T,D,S	Joseph L. Mannikko	4300sw Boat Ramp Ave	Palm City Florida 34990

$7/14

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: _____ Joseph L. Mannikko 7.13.05 772.283.0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (01/05)